

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, September 5, 2012 at the hour of 7:30 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Acting Chairman Muñoz temporarily assumed the Chair, in the absence of Chairman Carvalho and Vice Chairman Ramirez, and called the meeting to order. At approximately 7:55 A.M., Chairman Carvalho assumed the Chair.

Present: Chairman David Carvalho and Directors Hon. Jerry Butler; Quin R. Golden; Edward L. Michael; Luis Muñoz, MD, MPH; Heather E. O'Donnell, JD, LLM; Carmen Velasquez; and Dorene P. Wiese, EdD (8)

Absent: Vice Chairman Jorge Ramirez and Director Reverend Calvin S. Morris, PhD (2)

Acting Chairman Muñoz stated that Vice Chairman Ramirez was unable to be physically present, but may be able to participate in the meeting telephonically.

Director Butler, seconded by Director Velasquez, moved to allow Vice Chairman Ramirez to participate as a voting member for this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management
Patrick Blanchard – Cook County Independent Inspector General
Cathy Bodnar – System Chief Compliance and Privacy Officer
Patrick T. Driscoll, Jr. – State's Attorney's Office
Claudia Fegan, MD – John H. Stroger, Jr. Hospital of Cook County

Helen Haynes – System Associate General Counsel
Mindy Malecki – System Director of Risk Management
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board

II. Public Speakers

Acting Chairman Muñoz asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Emilie Junge Regional Coordinator, Doctors Council SEIU (written testimony also provided – Attachment #1)

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, August 9, 2012

Director Butler, seconded by Director O'Donnell, moved the approval of the minutes of the Board of Directors Meeting of August 9, 2012. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

B. Minutes of the Quality and Patient Safety Committee Meeting, August 21, 2012

Director Michael, seconded by Director O'Donnell, moved the approval of the minutes of the Quality and Patient Safety Committee Meeting of August 21, 2012. THE MOTION CARRIED UNANIMOUSLY.

C. **Minutes of the Human Resources Committee Meeting, August 24, 2012

Director Butler, seconded by Director O'Donnell, moved the approval of the minutes of the Human Resources Committee Meeting of August 24, 2012. THE MOTION CARRIED UNANIMOUSLY.

D. Minutes of the Finance Committee Meeting, August 24, 2012

Director O'Donnell, seconded by Director Velasquez, moved the approval of the minutes of the Finance Committee Meeting of August 24, 2012. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Contracts and Procurement Items (Attachment #2)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Board's consideration. The Board reviewed and discussed the requests.

Chairman Carvalho assumed the Chair at this time.

Dr. Ram Raju, Chief Executive Officer, provided additional information on the requests. He stated that, as part of the activities relating to the Section 1115 Waiver, there are two components. One component is that the System has to have people with the right skill mix on board; the second component is timeliness to bring these people in very quickly. It is his intention that eventually the consultants will transition out, and then the System will have its own people assuming these duties; however, since approval of the Waiver appears imminent, the administration has to put in place very quickly what is needed. Health Management Associates (HMA) has been working with the System, both in advising and helping with the Waiver approval process; however, additional funds need to be put in their budget to be able to manage them and get the patient-centered medical home model up and running.

Director O'Donnell inquired regarding the duties and responsibilities of HMA staff, and regarding the plan for handing off some of these responsibilities to System employees. Dr. Raju stated that the Waiver activities and approval process have taken a much longer time than expected, so a part of the funding related to this request is to shore up the funding that has been affected by the extended process. Additionally, he stated that although the System has a group of people who are really managing it, there is still a need for outside expertise, because the System has never implemented a patient-centered medical home model in the past. Dr. Raju indicated that the consultants will be the "boots on the ground" to help staff, and will be transferring that knowledge to the medical home transformation team.

IV. Action Items

A. Contracts and Procurement Items (continued)

During the Board's review of request number 2, Dr. Raju stated that the vendor, Susan Greene, has been working through the HMA contract, and is well respected by staff at the State and at the Centers for Medicare and Medicaid Services (CMS). She is assisting with the recruitment and enrollment process as an advisor. The System needs to have a very aggressive enrollment person in the field. This contract involves Ms. Greene providing her services for a period of six (6) months, along with a couple members of her staff who are experts in setting up the enrollment process and who are able to put together contracts with the various federally-qualified health centers (FQHCs) for their services and manage a third-party administrator (TPA). Eventually this will transition into a Cook County employee-staffed managed care department. It will have to be a separate department because the System will have to start managing patients and care coordination, and managing Waiver patients within the per-member per-month (PMPM) payment. It will be the precursor to the managed care division that will report directly to Dr. Raju, and will have its own medical director who will manage it.

Director Golden stated that she has worked with Ms. Greene in activities at the University of Chicago Medical Center, and added that there is no doubt with regard to Ms. Greene's credentials and competency; however, she had concerns around the process when the System utilizes sole-source methodology in the selection of individuals for these types of opportunities. She stated that she prefers a more open bidding process where there is an opportunity for others who do this work, as well. She noted that she is sensitive to the timeliness factor, however she indicated that the administration should look at opportunities for others to participate in the bid process for these types of services. Dr. Raju agreed; he stated that his intention is to have an open process, but noted that time is an issue and the System is looking for someone who can hit the ground running.

Director O'Donnell, seconded by Director Muñoz, moved the approval of request numbers 1 through 3, under the Contracts and Procurement Items. THE MOTION CARRIED.

Director Golden voted PRESENT on request number 2.

B. Approval of Transfer of Funds requests

There were no Transfer of Funds requests for the Board to consider.

C. Proposed Amendments to the Rules of Organization and Procedure of the Board of Directors of the Cook County Health and Hospitals System (Attachment #3)

Elizabeth Reidy, System General Counsel, provided an overview of the proposed Amendments to the Rules of Organization and Procedure of the Board of Directors of the Cook County Health and Hospitals System. One of the two amendments involved the ratification of a correction to one of the sections; the other amendment relates to the Board's ability to amend the Rules from time to time. Chairman Carvalho noted that the proposed amendment relating to the Board's ability to amend the Rules from time to time provides a defined process for amendments to be presented by a Director for the Board's consideration.

IV. Action Items

C. Proposed Amendments to the Rules (continued)

Director Butler, seconded by Director O'Donnell, moved the approval of the proposed Amendments to the Rules of Organization and Procedure. THE MOTION CARRIED UNANIMOUSLY.

D. Approval of CCHHS FY2013 Preliminary Budget (Attachment #4)

Chairman Carvalho provided an overview of the process to date regarding the FY2013 Preliminary Budget. The budget was presented to the Finance Committee, and the Finance Committee, having received it just the day before, elected to defer taking a vote on it until there was an opportunity for public hearings. The public hearings were scheduled; Finance Chairman O'Donnell chaired two public hearings at the System Board's regular meeting location at 1900 West Polk Street, and Chairman Carvalho chaired a public hearing held downtown at the Cook County Building. At today's Board of Directors Meeting, the System Board will consider the approval of the FY2013 Preliminary Budget.

Following approval of the Preliminary Budget by the System Board, it will be submitted to the Cook County Board, who will then consider it in whole; should the Cook County Board approve it, it will then be submitted to Cook County Board President Toni Preckwinkle for inclusion in her budget recommendation that she submits to the Cook County Board to cover all of Cook County government. President Preckwinkle's plan last year, and again this year, is to seek the final approval of the Cook County budget, which includes the System's budget, prior to the commencement of the fiscal year, which is December 1.

Under the Enabling Ordinance and the practice of the Cook County Board, the Preliminary Budget that the System Board considers today would be considered by the Cook County Board the first time as an "all or nothing" proposition; when it is incorporated into the President's budget recommendation and submitted to the Cook County Board as part of the entire Cook County budget, it would be amenable to amendment through the normal amendment process, although the System Board would weigh in on those amendments if and when they were proposed.

It was noted that Director Michael had submitted requests for further information regarding the Preliminary Budget in advance of this meeting, and had received responses to his questions. Director Michael stated that he supports the budget completely, but noted that there are a lot of assumptions, reasonable under the circumstances, underlying the budget that have to be made. Because the System is in unchartered territory it is not certain whether the assumptions will all be proven correct or not. One of the assumptions relates to the ability to enroll the 115,000 Waiver patients, and the speed with which the System can do that. Another assumption relates to the System's ability to have the information systems and general systems in place to keep track of the costs associated with those patients, in order for the System to be paid by Medicaid.

Director Michael indicated that the costs related to the Waiver patients have been segregated into a separate budget, to the extent that it is possible to do so. There are a few line items, pharmaceutical services for example, that in the total budget are completely flat; he inquired whether this type of expense may be under-budgeted to some extent, if additional supplies are needed to serve those patients. Although it has been estimated that approximately 60% of the 115,000 patients that the System needs to enroll are already currently being served by the System, he inquired how the assumption can be made that the other 40% of the potential Waiver patients will not negatively impact the budget line item for pharmaceutical costs.

IV. Action Items

D. Approval of CCHHS FY2013 Preliminary Budget (continued)

Dr. Raju indicated that the System will need to go through a complete transformation. That simply means that coordinated care needs to control the costs; this does not mean restricting access or care – it means not duplicating or wasting services. With regard to Director Michael's question regarding the budget for pharmaceutical expenses, Dr. Raju stated that the medical and pharmaceutical staff is extremely adept in managing pharmacy utilization. This is one of the well-managed departments in the System, which is one of the reasons why the cost has remained flat.

Chairman Carvalho noted that it is important for the Board Members to go into the budget with eyes wide open. A budget is principally a statement of priorities, but it is also a bundle of risks; the Board needs to know what those risks are so that there is not a surprise later in the fiscal year.

Director O'Donnell noted that the Waiver is a tremendous opportunity for the System; it is an extremely challenging task to implement. She stated that one of the reasons why it is so important to report on the progress through the Finance Committee or at the Board Meetings is so that the administration can tell the Board what is needed. If things are changing and something is not working, or if the administration needs to do something a little differently, regular reporting and updates to the Finance Committee or the Board will help to make sure that the administration is able to get the resources needed or issues resolved, in order to reach the targets as planned.

Director O'Donnell, seconded by Director Butler, moved the approval of the CCHHS FY2013 Preliminary Budget. THE MOTION CARRIED UNANIMOUSLY.

E. Any items listed under Sections III, IV and VII

V. Report from Chairman of the Board

A. Board Education

i. Overview of the Office of the Cook County Independent Inspector General and Unlawful Political Discrimination enforcement (Attachment #5)

Patrick Blanchard, Cook County Independent Inspector General, provided an overview of information on the Office of the Independent Inspector General (OIIIG) and Unlawful Political Discrimination enforcement. The Board reviewed and discussed the information.

ii. Standards of Conduct/Code of Ethics (Attachment #6)

Cathy Bodnar, System Chief Compliance and Privacy Officer, presented an overview of information on the Standard of Conduct/Code of Ethics. The Board reviewed and discussed the information.

Ms. Bodnar indicated that activities are currently ongoing to review the Standards of Conduct alongside the Cook County Ethics Ordinance, in order to update the Standards of Conduct by developing what will be called the Cook County Code of Ethics. Chairman Carvalho inquired whether it will be clear that the Code of Ethics applies to Board Members. Ms. Bodnar indicated that the Standards of Conduct currently includes Board Members and will do so in the future in the Code of Ethics, as well.

V. Report from Chairman of the Board

A. Board Education

ii. Standards of Conduct/Code of Ethics (continued)

Ms. Bodnar stated that as staff moves closer to developing a more complete draft of the Code of Ethics, she will work with the Audit and Compliance Committee to finalize it; following this, it will be brought before the full Board. She noted that in addition to engaging the Board Members, employees, physicians and union leadership will be engaged in the process.

The Board returned to the subject of the information contained in the presentation by Mr. Blanchard. Chairman Carvalho noted that the OIIG reports involving Cook County agencies go to the Cook County Board President, and the OIIG reports involving the System are sent to Dr. Raju, who reports to the System Board. He asked whether this reporting structure is written into the Ordinance or whether it exists by practice. Mr. Blanchard stated that the reporting protocol is set by Ordinance. If there is a sustained finding involving an individual, the report goes to the President. If it involves the System, it goes to the President and Dr. Raju. If it involves a separately elected official, it goes to the President and that official, in addition to the human resources director of that organization to which that individual belongs. If the finding is not sustained, the reporting mechanism is the same, although the reports are bland (for example, complainant and subject's names are not used). Mr. Blanchard added that has been some discussion in the past about amending the Ordinance to have the OIIG report only to the entity in which the case involves. Chairman Carvalho asked that consideration also be given to reports going to the Board through some mechanism, such as the Chairman or the Audit and Compliance Committee.

VI. Report from Chief Executive Officer (Attachment #7)

Dr. Raju provided an update on the following subjects: Section 1115 Waiver – Approval Process and Implementation Status; Oak Forest Health Center; and Public Health Update (which included a West Nile Virus Surveillance Report).

Additionally, Dr. Raju's report included the recognition of the following events:

- Patient Thank You
- Staff Acknowledgement

VII. Closed Session Items

A. Claims and Litigation

B. **Minutes of the Human Resources Committee Meeting, August 24, 2012

Director Velasquez, seconded by Director Golden, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against,

VII. Closed Session Items (continued)

affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(12), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member."

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yea: Chairman Carvalho and Directors Butler, Golden, Michael, Muñoz, O'Donnell, Velasquez and Wiese (8)

Nay: None (0)

Absent: Vice Chairman Ramirez and Director Morris (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into closed session.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

VIII. Adjourn

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #1



**Local 73 and Doctors Council SEIU Talking Points
Hearings on CCHHS FY 2013 Preliminary Budget
September 4, 2012**



SEIU is here to express its strong and unequivocal support for the 2013 Health System Preliminary Budget. We must point out that this budget, for a health system already cut to the bone, is a budget that is balanced on a knife's edge.

We therefore loudly applaud Dr. Raju's public commitment to no further cuts in services or front-line jobs in 2013. We also applaud President Preckwinkle and her budget staff for working closely with Dr. Raju to maintain the 2012 County subsidy despite the losses in County sales tax revenue.

It is no secret that this budget is balanced on a 197 million dollar bet that CCHHS will be granted its 1115 waiver and that it will be successful in making the operational changes required to capture this new Medicaid revenue stream.

SEIU has long recognized the significance of the 1115 waiver and, as the Board and executive team knows, we have been a consistent and vocal champion of the waiver and has stood ready to help move this effort – whether in Cook County, Springfield or in DC.

But, politics aside, everyone, including Dr. Raju recognizes the scale of the operational challenges we face in implementing the 1115 waiver.

Meeting these operational challenges requires us to take a massive, rigid, dysfunctional system, forged over decades, and to collectively transform it, virtually overnight, into a nimble, high-functioning, and, most importantly, patient-centered medical home for a complex and high-acuity population.

While the obstacles to this transformation are numerous, the central challenge lies in the restructuring of tasks, jobs, work processes and relationships, and, perhaps, most importantly, *the culture* of our health system.

Such restructuring, in a wall-to-wall unionized setting is extremely challenging, and it requires a robust labor-management partnership capable of channeling the knowledge and creativity of front-line staff into system transformation.

SEIU has been working with Health System executives to operationalize a labor-management partnership for over two years. While we received the Board's blessing for this effort over a year and a half ago, meaningful operational progress has in reality been painfully slow.

While our overtures to CCHHS leadership have found a far more sympathetic and receptive ear under Dr. Raju's leadership and our efforts have thus been able to accelerate, we are still far from where we need to be to drive successful waiver implementation.

As SEIU today pledges to support the 2013 Health System Preliminary Budget, wherever and whenever we can, we ask the Board and executive team to re-pledge its support to our labor-management partnership and embrace the goal of making 2013 the year we begin to rebuild our health system, together.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #2

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM IV(A)
SEPTEMBER 5, 2012 BOARD OF DIRECTORS MEETING MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Amend and Increase Contract					
1	Health Management Associates (HMA)	Service - professional services	\$550,820.00	System	2
Execute Contract					
2	Susan Greene & Associates (SGA)	Service - professional services	\$799,690.00	System	3
Execute Fourth Amendment to Lease Agreement					
3	Imperial Realty Company, as agent for Klairmont Family Associates, LP	For property located at 1701 S. First Avenue, in Maywood, Illinois, for use by the Cook County Department of Public Health, to continue offering a variety of vital health services to the community of west suburban Cook County	\$239,148.00	CCDPH	4

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Ram Raju <i>R. Raju</i> Chief Executive Officer	
DATE: August 29, 2012	PRODUCT / SERVICE: Service – Professional Services
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: Health Management Associates (HMA), Chicago, Illinois
FISCAL IMPACT: 890-260 Account \$550,820	GRANT FUNDED AMOUNT: NA
CONTRACT PERIOD: December 1, 2011 through November 30, 2013	CONTRACT #: 07-45-307
COMPETITIVE SELECTION METHODOLOGY:	
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]	

PRIOR CONTRACT HISTORY:

Health Management Associates has provided CCHHS with specialized technical assistance related to Medicaid reimbursement for the past several years. The current contract provides consulting services focusing on Medicaid cost reporting, reimbursement, policy issues and future planning regarding patient centered medical homes. HMA has lent critical guidance in the development of the 1115 Waiver application and CCHHS is utilizing their services with the development of- and implementation of- a care coordination model that consists of the full continuum of patient care.

NEW PROPOSAL JUSTIFICATION:

As the Cook County Health and Hospitals System (CCHHS) approaches implementation of the Affordable Care Act (ACA) in January of 2014, it must address organizing the delivery of care emphasizing continuity, building relationships with other providers to assure coordination at all levels of care, establishing the infrastructure to track and document care delivered to populations, and realigning financial incentives to promote quality and efficiency rather than volume—in a very short time. An agreement with the federal government to establish a Medicaid 1115 Waiver that will move many of the System's patients into coverage before ACA implementation offers an enormous opportunity to support the System transformation that is necessary to be ready for health care reform. This amendment and increase is requested in order to secure additional critical and highly specialized expertise to assist the System with the transformation to the patient-centered medical home model, the implementation of the 1115 Waiver, analytical and technical support for the Office of Managed Care and System Transformation, as well as other system issues as determined by the CEO.

HMA's expertise in clinical approaches to disease management and specialty care organizations has been demonstrated across the country in other public hospital systems and its in-depth knowledge of CCHHS makes it uniquely qualified to provide these services.

TERMS OF REQUEST:

This is a request to amend and increase Contract No. 07-45-307 in the amount of \$550,820. **SEP 05 2012**

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS COO: *[Signature]*
Carol Schneider, Chief Operating Officer

CCHHS CFO: *[Signature]*
John Cookinham, Interim Chief Financial Officer

APPROVED

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
1

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- Stroger Hospital • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

PRESIDENT

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		ELIZABETH ANN DOODY GORMAN	17th Dist.



COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

LAVERNE HALL
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

August 31, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: 07-45-307 / Amend and Increase Contract
Commodity: Service – Consulting – Strategic Consultant Services
Department: John H. Stroger, Jr. Hospital of Cook County
Term: 04/03/07 - 11/30/13

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive. Goals: 25% MBE and 10% WBE.

Bidder: Health Management Associates, Inc.

Bid Amount: \$550,820.00

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
Susan Greene & Associates, Evanston, IL	WBE	15% - Direct	Pending Recertification with Cook County

Sincerely,

A handwritten signature in black ink that reads "LaVerne Hall".

LaVerne Hall
Director

LH/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Ram Raju  Chief Executive Officer	
DATE: August 29, 2012	PRODUCT / SERVICE: Service – Professional Services
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Susan Greene & Associates (SGA), Evanston, Illinois
FISCAL IMPACT: 890-260 Account \$799,690	GRANT FUNDED AMOUNT: NA
CONTRACT PERIOD: September 5, 2012 through March 4, 2013	CONTRACT #: H12-25-080
COMPETITIVE SELECTION METHODOLOGY:	
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]	

PRIOR CONTRACT HISTORY:

No recent prior contract history (in 1994 Contract #93-42-1198). However SG&A has served as a subcontractor through Health Management Associates (HMA) regarding implementation of the 1115 Waiver.

NEW PROPOSAL JUSTIFICATION:

As the Cook County Health and Hospitals System (CCHHS) approaches implementation of the Affordable Care Act (ACA) in January of 2014, it must rapidly address the required emphasis on continuity, building relationships with other providers to assure coordination at all levels of care, establishing the infrastructure to track and document care delivered to populations, and realigning financial incentives to promote quality and efficiency rather than volume. An agreement with the federal government to establish a Medicaid 1115 Waiver that will move many of the System's patients into coverage before ACA implementation offers an enormous opportunity to support System transformation that is necessary to be ready for health care reform.

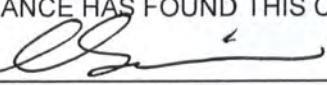
Susan Greene & Associates shall provide expertise and leadership for the initial implementation of the 1115 Waiver Demonstration Project ("Demonstration Project") by furnishing a team of professionals to lead and staff an Office of Managed Care and System Transformation. This office will include a Director of Managed Care & System Transformation, Director of Administrative Services, Director of Member Services & Enrollment, Director of Network Development, and a Contract Manager (furnished through the HMA Contract). These on-site staff will be supplemented with two physician consultants who will provide advice and assistance to advance the clinical service transformation of specialty and diagnostic clinics as well as of inpatient services that will be required to meet the needs of the Demonstration Project.

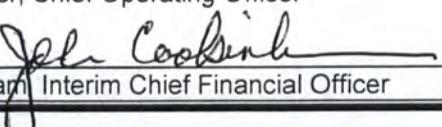
SG&A shall also assist with the development of organizational and leadership structures and systems within CCHHS to effectively implement the objectives of the Affordable Care Act and Demonstration Project, such as enhanced system integration, quality and cost efficiency.

TERMS OF REQUEST:

This is a request to execute a contract in the amount of \$799,820 from September 5, 2012 to March 4, 2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS COO: 
Carol Schneider, Chief Operating Officer

CCHHS CFO: 
John Cookingham, Interim Chief Financial Officer



Request #
2

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- Stroger Hospital • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

THE BOARD OF COMMISSIONERS

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LAVERNE HALL
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August 31, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-25-080
Commodity: Service – Consulting for 1115 Waiver
Department: John H. Stroger, Jr. Hospital of Cook County
Term: Six (6) Months

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive. Goals: 25% MBE and 10% WBE.

Bidder: Susan Greene & Associates, Evanston, IL

Bid Amount: \$799,400.00

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
Susan Greene & Associates, Evanston, IL	WBE	100% - Direct	Pending Recertification with Cook County

Sincerely,

A handwritten signature in black ink that reads "LaVerne Hall".

LaVerne Hall
Director

LH/lar

Transmitting a Communication, dated August 20, 2012 from

ANNA ASHCRAFT, Director, Real Estate Management Division

Respectfully requesting approval of a Fourth Amendment to Lease between Imperial Realty Company, as agent for Klairmont Family Associates, LP, as Landlord, and the County of Cook, as Tenant. The term of the Lease as amended will expire September 30, 2012. The Premises is located in Cook County District #1, in the building known as the Eisenhower Tower, located at 1701 S. First Avenue, Maywood and is currently occupied by the Cook County Department of Public Health (CCDPH).

The Fourth Amendment extends the term of the Lease for one year under the same terms and conditions. This time frame will allow CCPDH to continue offering a variety of vital health services to the community of west suburban Cook County while the Real Estate Asset Strategic Realignment Planning team works with CCPDH on a long-range strategy for consolidation. Details are:

Landlord:	Imperial Realty Company as agent for Klairmont Family Associates, LP
Tenant:	County of Cook
Using Agency:	Cook County Department of Public Health
Location:	1701 S. First Avenue, Maywood, Illinois 60153
Term:	October 1, 2012 – September 30, 2013
Space Occupied:	14,400 square feet
Base Rent:	\$19,929.00 per month / \$239,148.00 Annually
Termination:	From and after April 1, 2013, Tenant shall have the right to terminate with a ninety day (90) prior written notice.



Approval of this item would commit Fiscal 2013 year funds.

This item is being submitted simultaneously for approval by the Cook County Board of Commissioners at the next available meeting.

Approval is recommended.

Request #
3

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #3

Proposed Amendments September 5, 2012

**RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System**

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

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Preamble

The Cook County Board of Commissioners established the Cook County Health and Hospitals System (“CCHHS”) by Ordinance. The CCHHS is governed by a Board of Directors (“System Board”) as set forth in the Ordinance. The Ordinance sets forth the mission of the CCHHS and the general powers and duties of the System Board. In order to provide for the orderly implementation of the Ordinance, the System Board adopts these Rules.

Rule 1. Purpose.

The purpose of these Rules is to:

- (a) Provide appropriate procedures and organization for the System Board to conduct its business in an orderly and efficient manner; and
- (b) Foster accountability in the CCHHS.

Rule 2. Definitions.

The following words, terms and phrases, when used in these Rules, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

- (a) *Affiliate or CCHHS Affiliate* means the health care entities comprising the Cook County Health and Hospitals System including the Ambulatory Community Health Network of Cook County, Cermak Health Services of Cook County, the Cook County Department of Public Health, Provident Hospital of Cook County, the Ruth M. Rothstein CORE Center of Cook County and the John H. Stroger, Jr. Hospital of Cook County.
- (b) *CCHHS* means the Cook County Health and Hospitals System.
- (c) *Chair* means the Chair of the System Board.
- (d) *Committee Chair* means the chair of a Standing or Special Committee.
- (e) *Committee* means a committee of the System Board and includes a Standing Committee or Special Committee.
- (f) *Director* means a currently serving member of the System Board.
- (g) *Ordinance* means the Cook County Ordinance Establishing the Cook County Health and Hospitals System, as amended from time to time.
- (h) *Secretary to the Board* means the Secretary to the System Board
- (i) *Subcommittee Chair* means the chair of a Standing Subcommittee or Special Subcommittee.

- (j) *Subcommittee* means a subcommittee of a Committee of the System Board and includes a Standing Subcommittee and Special Subcommittee.
- (k) *System Board* means the eleven-member Board of Directors charged with governing the Cook County Health and Hospitals System pursuant to the Cook County Ordinance Establishing the Cook County Health and Hospitals System.
- (l) *Vice Chair* means the Vice Chair of the System Board.

Rule 3. Interpretation, force and effect.

- (a) *Applicability.* The meetings and actions of the System Board, including all of its Committees, shall be governed by these Rules.
- (b) *Effective date.* These Rules shall be in full force and effect upon adoption by the System Board, and shall remain in full force and effect except as amended in accordance herewith, or until superseded by new rules.
- (c) *Interpretation.* These Rules are to be construed in accordance with the customary American usage and meaning of parliamentary terms and expressions and the plain meaning of the ordinary words appearing herein. In case of ambiguous application, these Rules shall be applied in a manner that fosters openness, accountability and fairness in the operation of the System Board.

Rule 4. Organization.

- (a) *Officers.* Each year at its Annual Meeting, the System Board shall elect Directors to serve as Chair and Vice Chair. A Director may be elected to either of the officer positions for successive terms.

- (1) Chair.

The Chair shall preside at all meetings of the System Board; shall appoint the members of all Committees and designate their Committee Chair; and shall be an ex-officio member, without vote, of all Committees to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5). Unless otherwise instructed by the System Board, the Chair may, at his or her discretion, refer matters before the System Board to the proper Committee of said System Board for consideration and recommendation. The Chair or the Chair's designee shall be responsible for all correspondence of the System Board.

- (2) Vice Chair.

The Vice Chair shall perform the duties of the Chair in the Chair's absence or in the event of the Chair's resignation, death, disability or recusal pending selection of the Chair's successor at either a regular or Special meeting of the System Board.

- (b) *Secretary to the Board.* A full-time Secretary to the Board shall be employed by the System and shall report directly to the Chair. Additional qualified System personnel may be approved by the Chair to fulfill the duties of the Secretary to the Board during periods of unavailability or to perform duties and responsibilities assigned by the Secretary to the Board when activity volumes require that additional personnel be assigned for this purpose. The Secretary to the Board shall keep suitable records of all proceedings of each meeting of the System Board and its Committees and Subcommittees. After approval, such records shall be read and signed by the Chair or the presiding officer, and attested by the Secretary to the Board. The System Board may have a seal on which shall be engraved the name of the CCHHS, and said seal shall be kept by the Secretary to the Board and used in authentication of all acts of the System Board.
- (c) *Committees and Subcommittees.*
 - (1) The number of members of each Committee shall be determined by the Chair but in no event shall a Committee consist of less than three (3) Director members.
 - (2) The Standing Committees of the System Board shall include, but not be limited to:
 - A. Audit and Compliance. This Committee shall receive and review the audit reports prepared by internal departments and oversee the financial reporting process on behalf of the CCHHS. This Committee shall oversee the selection of independent auditors for the CCHHS in accordance with the Ordinance, review accounting policies and financial reporting and disclosure practices of the CCHHS, and review the effectiveness of the CCHHS internal financial controls. Additionally, the Committee will assist the System Board in fulfilling its oversight responsibilities of the CCHHS corporate compliance effort. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
 - B. Finance. This Committee shall be familiar with and review the income and expenditures of the CCHHS, advise the Chief Executive Officer, System Chief Operating Officer and System Chief Financial Officer in preparation of the budget, review the proposed budget in advance of presentation to the System Board, and make recommendations to the System Board on all such financial matters. Additionally, this Committee will develop and present to the System Board recommended multi-year financing plans as provided in the Ordinance. This Committee shall be responsible for developing, implementing and monitoring policies and procedures regarding procurement and contracting for the CCHHS, including providing for appropriate review of purchase contracts by this

Committee. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- C. Human Resources: This Committee shall develop and monitor policies and procedures for the CCHHS related to personnel issues with regard to all employees, including physicians and dentists, within the CCHHS, including, but not limited to, position classification, compensation, recruitment, selection, hiring, discipline, termination, grievance, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. This Committee shall receive and review the reports prepared by the CCHHS Chief of Human Resources. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- D. Quality and Patient Safety. The System Chief Medical Officer, the System Chief Operating Officer, the System Chief Nursing Officer, the President of the Medical Staff of each CCHHS hospital Affiliate, the Chief Medical Officer of each Affiliate, the Chief Operating Officer of each Affiliate, the Chief Nursing Officer of each Affiliate, and the System Director of Quality and Patient Safety shall be ex-officio members of this Committee without a vote and shall not be considered in determining a quorum. The Chair of this Committee or designee may serve as a member of the Joint Conference Committees of the Medical Staffs of the CCHHS hospital Affiliate. The Quality and Patient Safety Committee shall oversee the quality, safety and performance improvement programs of the CCHHS, with the goal of recognizing the critical importance of maintaining high quality service and patient and staff safety and satisfaction. This Committee shall receive reports on pertinent matters of quality, safety, satisfaction, regulatory and accreditation activities at least quarterly from the CCHHS Director of Quality and Patient Safety or designee, and shall report on such matters to the System Board. This Committee shall be responsible for serving as a liaison between the CCHHS' hospital Affiliate Medical Staffs and the System Board. The System Board delegates to this Committee the authority to consider and render a final decision with regard to applications for initial appointment or reappointment to membership on the hospital Affiliate Medical Staffs and for initial clinical privileges or the renewal or modification of clinical privileges; assignment of staff category, department and division; and any special conditions to the appointment or reappointment, consistent with the procedures set forth in applicable CCHHS policies and CCHHS hospital Medical Staff Bylaws. An additional purpose of this Committee is the full and candid discussion of matters which affect the CCHHS' hospital Affiliate Medical Staffs and the System Board. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- (3) A Committee may create a Subcommittee. Subcommittees may be either Standing Subcommittees or Special Subcommittees. The motion creating a Subcommittee shall specify the subject matter of the Subcommittee and the number of members to be appointed thereto, and may specify a date upon which the Subcommittee shall be abolished.
- (4) Following each meeting of a Committee, the Committee Chair or designee shall submit minutes to the System Board for consideration at a meeting of the System Board. The System Board shall either approve or receive and file the Committee minutes. Approval of a Committee's minutes by the System Board shall constitute approval of the actions and/or recommendations contained in the minutes. Following each meeting of a Subcommittee, the Subcommittee Chair or designee shall submit minutes to the Committee for consideration at a meeting of the Committee. The Committee shall either approve or receive and file the Committee minutes. Approval of a Subcommittee's minutes by the Committee shall constitute approval of the actions and/or recommendations contained in the minutes.

(d) *Membership and officers of Committees and Subcommittees.*

- (1) The members and Chair of each Standing Committee shall be appointed annually by the Chair at or around the time of the System Board's Annual Meeting. The members and Chair of a Special Committee shall be appointed by the Chair as needed; and the Chair shall specify the subject matter of the Special Committee, and may specify a reporting date in which event the Special Committee shall be abolished. Unless an earlier date is specified by the Chair, Special Committees shall expire one (1) year after their creation. Committee members shall serve until the Chair appoints another member to serve in their place or they resign from the Committee or the System Board. The Chair may appoint non-Director members to a Committee.

The Committee Chair shall appoint the members of a Subcommittee and the Subcommittee Chair. The Committee Chair may appoint non-Director members to a Subcommittee. The non-Director member of a Committee or a Subcommittee shall not have a vote and shall not be considered for a quorum, but may serve as Committee or Subcommittee Chair. The appointment of Committee or Subcommittee members shall be effective immediately unless otherwise specified by the Chair or Committee Chair. Subcommittee members shall serve until the Chair appoints another member to serve in their place or they resign from the Subcommittee or the System Board. ~~The Committee Chair may appoint non-Director members to a Subcommittee.~~

- (2) The Chair shall be an ex-officio member, without voting rights, of each Committee to which the Chair is not an appointed member. The Chair shall not be considered in determining the presence of a quorum for a meeting of a Committee to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5).

- (3) A vacancy on a Committee or Subcommittee or in the position of Chair of a Committee or Chair of a Subcommittee shall be created when a Director resigns from such position or ceases to be a Director or, in the case of a non-Director Chair, when such Chair resigns from such position. Resignations shall be made in writing to the Secretary to the Board, who shall promptly notify the Chair and all Directors.
- (4) Vacancies on Committees or in the position of Committee Chair shall be filled by the Chair. Vacancies on Subcommittees or in the position of Subcommittee Chair shall be filled by the Chair of the Committee which created the Subcommittee.
- (5) The Committee Chair or Subcommittee Chair shall have the authority to call and preside at meetings of their respective Committee or Subcommittee. In the event the number of Directors in attendance at a scheduled meeting of a Committee or Subcommittee is smaller than the number required for a quorum, the Committee Chair or Subcommittee Chair shall have the authority to appoint any Director in attendance at that meeting to serve as a substitute member of that Committee or Subcommittee, for purposes of that meeting only, to the extent necessary to achieve a quorum. Such substitute member shall have voting rights and shall be counted in determining whether a quorum is present.
- (6) Any Director physically present at a meeting or participating by audio or video conference by consent of a majority of the quorum of Directors present and voting, even if not a member of a Committee or Subcommittee, shall be afforded the courtesy of participating in debate on any item before a Committee or Subcommittee.
- (e) *Public hearings.* The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities. Such public hearings may be held provided that the following requirements are satisfied:
- (1) a notice containing the time, place and subject matter of the hearing and solicitation of pertinent public testimony shall be placed on the CCHHS' website and provided to the County for posting on its website.
 - (2) any other applicable meeting notification requirements found elsewhere in these Rules or law.
- (f) *Discharge from a Committee by the System Board.* The System Board may discharge any matter from a Committee.

Rule 5. Parliamentary rules.

- (a) *Meetings.*

The System Board shall hold regular meetings pursuant to an annual calendar set by the System Board prior to December 1st of each year. Such calendar shall include the date,

time, and location of each regular meeting. Election of System Board officers for the next year shall take place at the Annual Meeting in July. The date of a regular meeting or the Annual Meeting may be changed by consensus of the Directors as ascertained by the Secretary to the Board. Notice of the rescheduling of a regular meeting or the Annual Meeting shall be as provided in this Rule 5, Parliamentary rules, Section (g), Prior notice to public; agendas.

It shall be the duty of the Chair to call Special meetings of the System Board whenever the Chair determines such meetings are necessary. It shall also be the duty of the Committee or Subcommittee Chair to call special meetings of a Committee or Subcommittee whenever the Committee or Subcommittee Chair determines such meetings are necessary. In addition to any notice required by the Open Meetings Act or other applicable law, the Chair must give no less than two (2) business days advance written notice of such Special meetings to the Directors and to the public.

Special meetings of the System Board shall also be held whenever requested by at least one-third of the Directors currently appointed. In addition to any notice required by the Open Meetings Act or other applicable law, the Secretary to the Board or designee must give no less than two (2) business days advance written notice of such Special meetings to the remaining Directors.

A Special meeting of the System Board may be called in the event that the Chair or one-third of the Directors currently appointed states that an emergency exists. A Special meeting of a Committee may be called in the event that the Committee Chair or one-third of the Directors currently appointed to the Committee states that an emergency exists. The Secretary to the Board or designee must give no less than twenty-four (24) hours advance written notice to the Directors and to the public, unless such notice is not reasonable under the circumstances. In such case notice shall be given as soon as practicable.

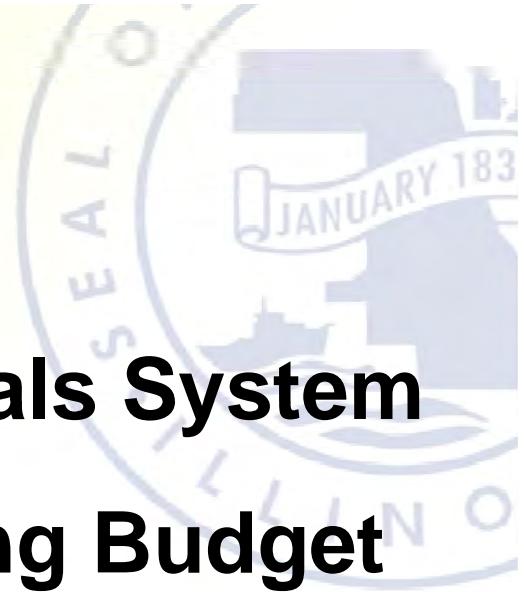
- (1) All notices of Special meetings must include an agenda for such meeting.
- (2) A quorum of Directors must be physically present at the location of a meeting of the System Board, its Committees or Subcommittees.

If a quorum of the Directors is physically present at a meeting of the System Board or one of its Committees or Subcommittees, a majority of the Directors present and entitled to vote may allow a Director to attend the meeting by other means if the Director is prevented from physically attending because of: (i) personal illness or disability; (ii) employment purposes or the business of the public body; or (iii) a family or other emergency. "Other means" is by video or audio conference.

If a Director wishes to attend a meeting by other means, the Director must notify the Secretary to the Board before the meeting unless advance notice is impractical.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #4



Cook County Health & Hospitals System

FY2013 Preliminary Operating Budget

CCHHS Finance Committee

Public Hearing Presentation

Tuesday, August 28, 2012

Thursday, August 30, 2012

Tuesday, September 4, 2012

CCHHS

FY 2013 Preliminary Budget Direction



Continue path to patient centered population health model

Expand primary care and ancillary services

Continue to collaborate with other healthcare providers

Improve the use of information systems

Better documentation to improve patient care

Increase patient satisfaction

Reduce redundant testing

Improve revenue

Qualify for Meaningful Use payments

Obtain a Section 1115 Waiver

Improve access to comprehensive healthcare

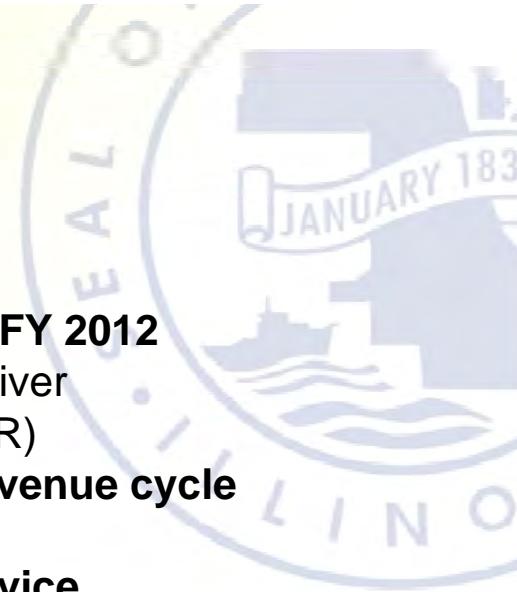
Attract patients that have commercial insurance

Provide high quality services with emphasis on patient satisfaction

Prepare for implementation of the Affordable Care Act in 2014

Change in healthcare delivery system

CCHHS



FY 2013 Preliminary Budget Revenue Estimate

FY 2013 Revenue Estimate expected to be **greater than FY 2012**

Expansion of services associated with the 1115 Waiver

Reduction in outstanding Accounts Receivable (A/R)

Achieved through **improvements in the revenue cycle**

Revenue Estimate based on the actual **payer mix by service**.

The volume of services assume current levels

Some additional **increase in outpatient services**

OFHC assumes **hospital based clinic rate** through Stroger Hospital

ACHN community clinics assume **hospital based clinic rate**.

The tax subsidy remains at the **same level as FY 2012 - \$253,770,995**

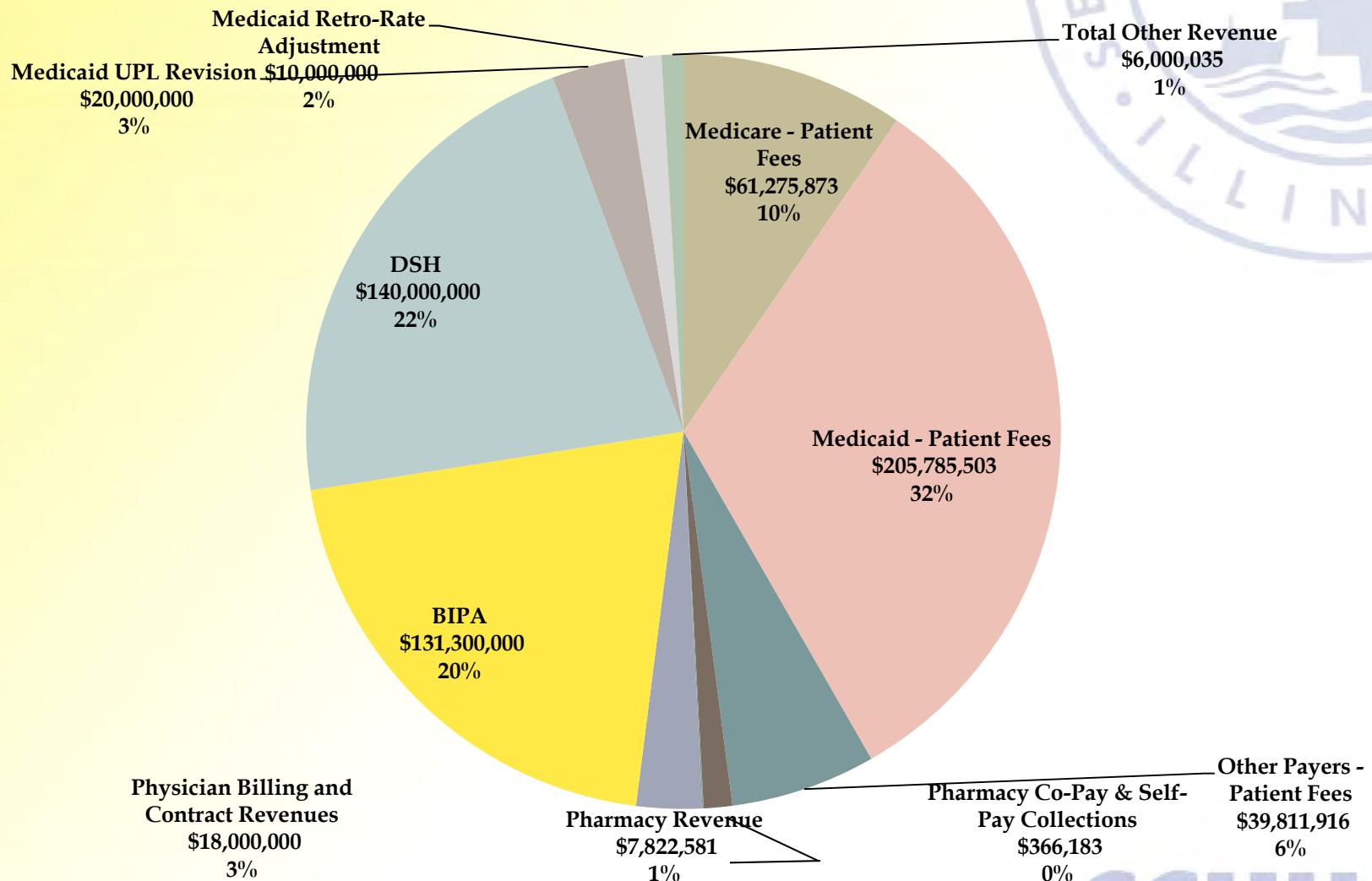
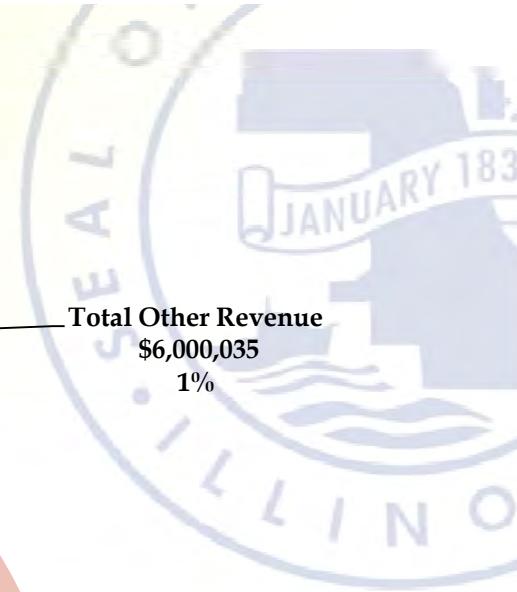
1115 Waiver Revenue Estimate

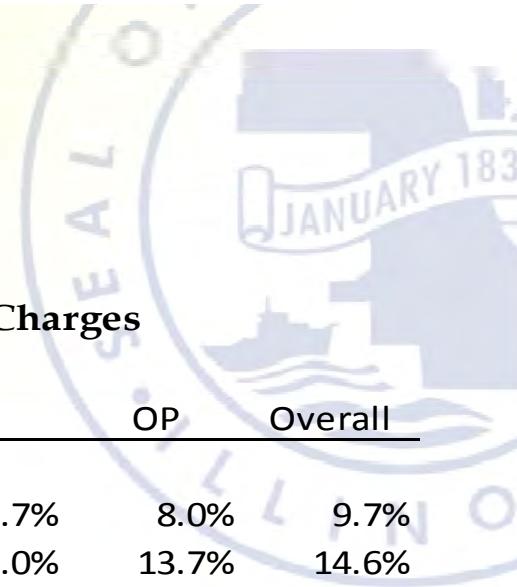
Assumes enrollment of **115,000 at per member per month fee**

1115 Waiver revenue will be cost settled – **payments for cost of services**

FY 2013 Preliminary Budget

FY 2012 Revenue by Source





FY 2013 Preliminary Budget

FY 2012 Payer Mix by Charges

Cumulative Payer Mix Through June-2012 By Charges

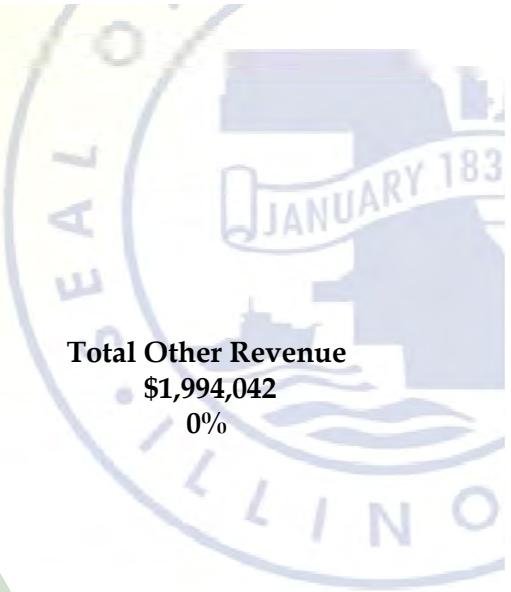
SHCC	IP	OP	Overall
Medicare	11.0%	8.7%	9.7%
Medicaid	44.1%	21.5%	31.3%
Commercial	3.2%	2.9%	3.0%
Self-Pay	41.7%	66.9%	56.0%
	100.0%	100.0%	100.0%

PHCC	IP	OP	Overall
Medicare	15.7%	8.0%	9.7%
Medicaid	18.0%	13.7%	14.6%
Commercial	1.9%	2.8%	2.6%
Self-Pay	64.4%	75.5%	73.1%
	100.0%	100.0%	100.0%

OFHC	IP	OP	Overall
Medicare	0.0%	7.4%	7.4%
Medicaid	0.0%	9.8%	9.8%
Commercial	0.0%	1.6%	1.6%
Self-Pay	0.0%	81.2%	81.2%
	0.0%	100.0%	100.0%

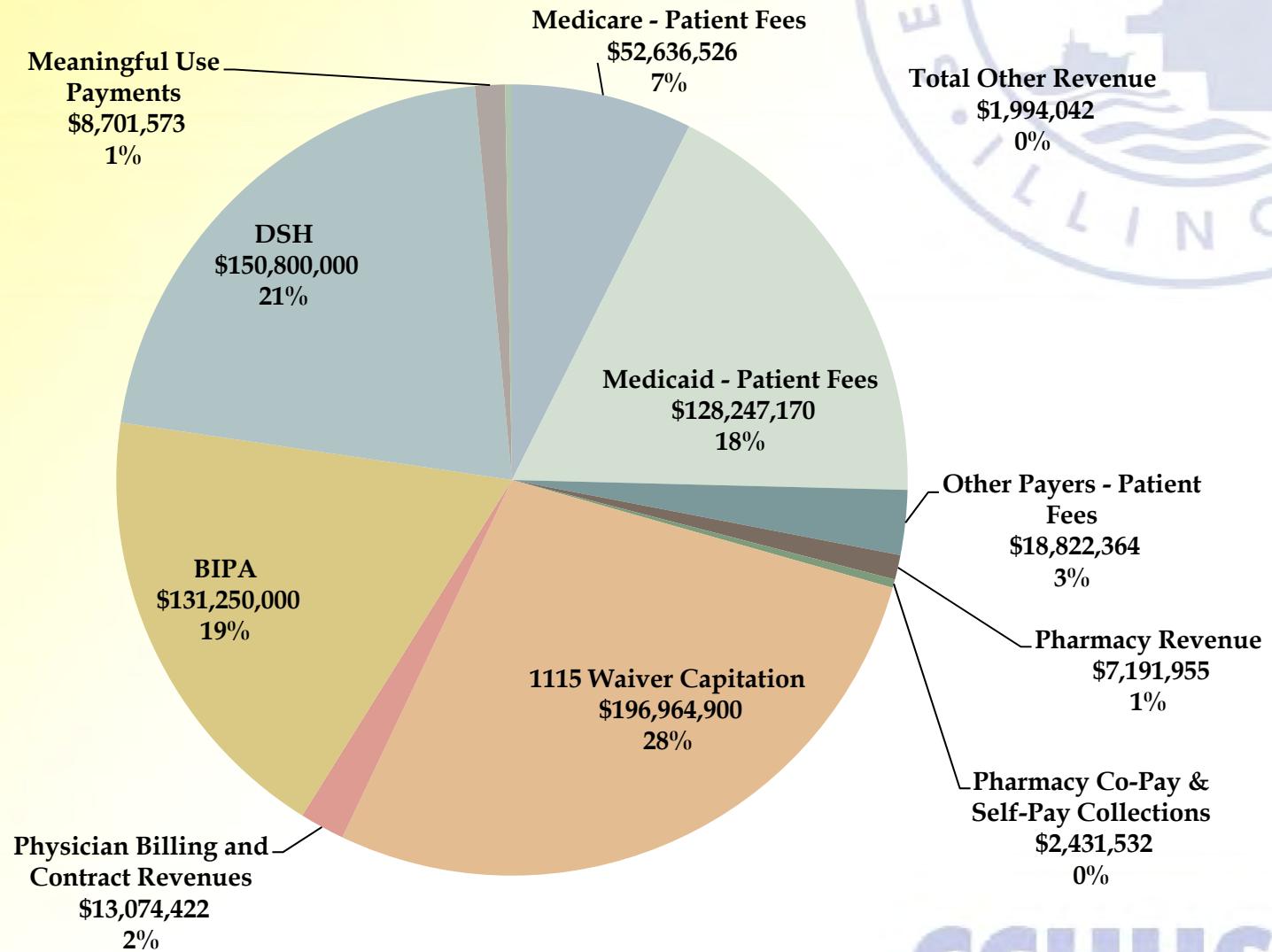
CCHHS	IP	OP	Overall
Medicare	11.2%	8.6%	9.7%
Medicaid	43.1%	20.5%	29.9%
Commercial	3.1%	2.8%	3.0%
Self-Pay	42.6%	68.1%	57.4%
	100.0%	100.0%	100.0%

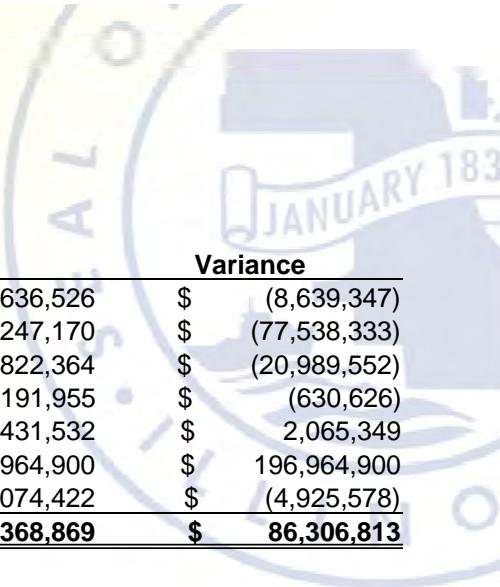
	SHCC	PHCC	OFHC	CCHHS
Cum. IP Re	43.66%	22.37%	0.00%	41.72%



FY 2013 Preliminary Budget

FY 2013 Revenue by Source

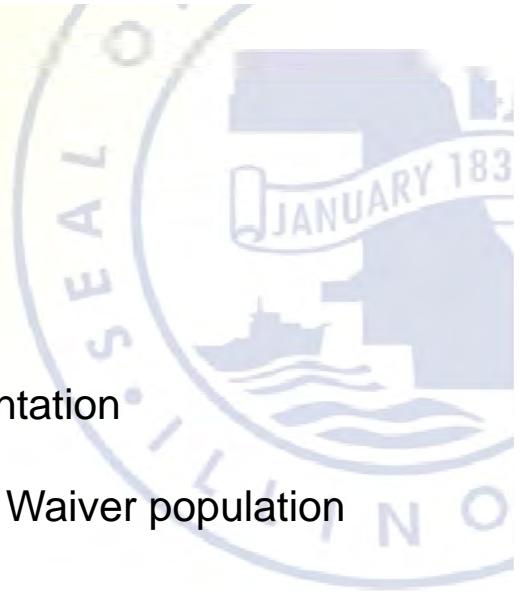




FY 2013 Preliminary Budget

Revenue

Patient Fees	2012	2013	Variance
Medicare - Patient Fees	\$ 61,275,873	\$ 52,636,526	\$ (8,639,347)
Medicaid - Patient Fees	\$ 205,785,503	\$ 128,247,170	\$ (77,538,333)
Other Payers - Patient Fees	\$ 39,811,916	\$ 18,822,364	\$ (20,989,552)
Pharmacy Revenue	\$ 7,822,581	\$ 7,191,955	\$ (630,626)
Pharmacy Co-Pay & Self-Pay Collections	\$ 366,183	\$ 2,431,532	\$ 2,065,349
1115 Waiver Capitation	\$ -	\$ 196,964,900	\$ 196,964,900
Physician Billing and Contract Revenues	\$ 18,000,000	\$ 13,074,422	\$ (4,925,578)
Total Patient Fees	\$ 333,062,056	\$ 419,368,869	\$ 86,306,813
<hr/>			
Supplemental Payments			
BIPA	\$ 131,300,000	\$ 131,250,000	\$ (50,000)
DSH	\$ 140,000,000	\$ 150,800,000	\$ 10,800,000
Meaningful Use Payments	\$ -	\$ 8,701,573	\$ 8,701,573
Total Supplemental Payments	\$ 271,300,000	\$ 290,751,573	\$ 19,451,573
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One-Time Revenue Enhancements			
Medicaid UPL Revision	\$ 20,000,000	\$ -	\$ (20,000,000)
Medicaid Retro-Rate Adjustment	\$ 10,000,000	\$ -	\$ (10,000,000)
Total One-Time Revenue Enhancements	\$ 30,000,000	\$ -	\$ (30,000,000)
Total Patient Fee Revenue	\$ 634,362,056	\$ 710,120,442	\$ 75,758,386
<hr/>			
Other Revenue			
Cafeteria	\$ -	\$ -	\$ -
Physician Resident Program	\$ 350,000	\$ 348,042	\$ (1,958)
Refunds & Rebates	\$ 3,171,000	\$ -	\$ (3,171,000)
Parking	\$ 1,569,000	\$ 1,000,000	\$ (569,000)
Medical Records	\$ 102,000	\$ 146,000	\$ 44,000
Miscellaneous	\$ 808,035	\$ 500,000	\$ (308,035)
Total Other Revenue	\$ 6,000,035	\$ 1,994,042	\$ (4,005,993)
Total 2013 Budgeted Revenue	\$ 640,362,091	\$ 712,114,484	\$ 71,752,393



FY 2013 Preliminary Budget Appropriations/Assumptions

1115 Waiver

Department 896 – 1115 Waiver Medicaid Waiver Implementation

New department unit created

Includes existing operating costs associated with the Waiver population

The 1115 Waiver positions will be hired through an expedited process

To implement the 1115 Waiver it will be necessary to contract for services

A Third Party Administrator, mental health services, substance abuse services, case management, additional primary care capacity, and additional Medicaid application services and training

Expenses included in the 260 Account - Professional and Managerial Services

CCHHS will develop procedures to track the expenses and revenues associated with the 1115 Waiver project to assist with the cost settlement of the project.

CMS will require a cost settlement process to occur

Data will demonstrate coordinated care model will save Medicaid dollars.



FY 2013 Preliminary Budget Appropriations/Assumptions

Oak Forest Health Center

Expenses associated with the provision of **healthcare** were moved to **Stroger Hospital and ACHN**.

The **revenue** for those services is now credited to **Stroger Hospital and ACHN**

The remaining costs are the costs of **operating the campus**
Public Safety, Utilities, Building and Grounds maintenance, etc.

CCHHS has departments located at the Oak Forest Campus
Centralized Business Office
Cook County Department of Public Health

FY 2013 Preliminary Budget Appropriations/Assumptions



Supply Chain Savings

\$25M reduction in expenditures associated with supply chain

Implementation of a **new automated purchasing and inventory system**

899 Account - Fixed Charges

- **Cook County will continue** to provide on a county-wide basis
Employee benefits, insurance coverage, and other services
- **Employee turnover adjustment** will be allocated to each **business unit**
In FY 2012 it was the 899 Account - Fixed Charges

CCHHS FY2013 Preliminary Budget

Friday, August 24, 2012

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13	544 – LEAD POISONING PREVENTION FUND	20
14	564 – TB SANITARIUM DISTRICT	21

FY 2013 BUREAU ACCOUNT SUMMARY

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Account Description	Curr. Exp.**	2012** Adopted	2012** Adjusted	Request	Difference*	Inc(Dec)%
110/501010 Sal & Wgs Of Reg Employees	\$293,784,770	\$513,991,943	\$515,144,887	\$482,692,759	\$(32,452,128)	(6.3)%
108/501035 Furlough Day Adjustment	-	-	-	(900,000)	(900,000)	0.0 %
119/501190 Schedule Salary Adj.	-	(54,427,130)	(52,794,313)	-	52,794,313	(100.0)%
120/501210 Overtime Compensation	25,848,103	23,581,128	22,873,894	22,873,694	-	0.0 %
121/501230 Premium Pay	286,312	3,038,007	2,948,887	2,165,507	(781,360)	(26.5)%
124/501250 Emp Hlth Insurance Waiver	(267)	-	-	-	-	0.0 %
130/501320 Sal & Wages Extra Employees	769,274	-	-	-	-	0.0 %
133/501360 Per Diem Employees	1,855,905	6,607,078	6,408,864	6,433,305	24,441	0.4 %
136/501400 Differential Pay	5,232,818	14,097,368	13,674,448	13,392,858	(281,590)	(2.1)%
155/501420 Med. Practitioner As Required	3,081,568	4,569,783	4,281,529	4,274,962	(6,567)	(0.2)%
170/501510 Mandatory Medicare Cost	489,601	-	-	-	-	0.0 %
182/501750 Shared Tuition	462,447	1,034,534	1,003,498	1,003,498	-	0.0 %
183/501770 Seminars for Professional Empls	31,362	232,800	225,816	225,816	-	0.0 %
185/501810 Prof & Tech Membership Fees	91,503	588,498	570,839	569,821	(1,018)	(0.2)%
186/501860 Training Programs for Staff Persnl	78,007	845,411	820,048	817,698	(2,350)	(0.3)%
189/501950 Allow.Per Coll. Barg. Agreements	291,508	443,000	429,710	523,890	94,180	21.9 %
2/501970 Transpt & Other Travel Exp.-Empls	459,702	833,980	808,960	805,730	(3,230)	(0.4)%
213/520010 Ambulance and Pt. Tranpt. Service	988,605	1,500,227	1,455,220	1,373,252	(81,968)	(5.6)%
214/520030 Armored Car Service	6,833	10,700	10,379	8,000	(2,379)	(22.9)%
215/520050 Scavenger Service	352,815	1,268,629	1,230,570	871,185	(359,385)	(29.2)%
217/520100 Transpt for Specific Activities	250,000	350,000	339,500	337,806	(1,694)	(0.5)%
220/520150 Communication Services	1,447,959	2,043,003	1,981,713	2,368,813	388,900	19.5 %
222/520190 Laundry And Linen Sv.	1,340,805	1,324,790	1,385,046	1,285,046	(100,000)	(7.2)%
223/520210 Food Services	2,767,028	3,228,556	3,131,699	3,752,179	620,480	19.8 %
225/520260 Postage	87,746	185,755	180,182	180,182	-	0.0 %
228/520280 Delivery Services	543,801	778,395	755,042	755,042	-	0.0 %
235/520390 Contract Maintenance Serv	2,357,840	3,027,290	2,936,472	3,383,630	447,158	15.2 %
240/520490 Ext. Graphics and Repro Services	219,434	876,249	849,961	830,561	(19,400)	(2.3)%
241/520491 Int. Graphics and Repro Services	-	3,000	2,910	120,300	117,390	4034.0 %
242/520550 Surveys, Operations & Reports	2,520	50,000	48,500	76,200	27,700	57.1 %
245/520610 Advertising For Specific Purposes	132,986	506,950	491,742	561,950	70,208	14.3 %
246/520650 Imaging & Microfilming Records	516,275	669,948	649,850	717,448	67,598	10.4 %
249/520670 Purchased Services - N.O.C.	231,838	305,500	296,335	660,000	363,665	122.7 %
250/520730 Premium-Fidelity, Bonds & Liability	349	5,200	5,044	5,194	150	3.0 %
260/520830 Professional & Mgrl Services	27,966,576	45,348,401	43,993,407	92,140,641	48,147,234	109.4 %

ference = Request- FY2012Adjusted

*Reflects Original Appropriation column in Appropriation Trial Balance

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FY 2013 BUREAU ACCOUNT SUMMARY

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Account Description	Curr. Exp.**	2012** Adopted	2012** Adjusted	Request	Difference*	Inc(Dec)%
261/520890 Legal Fees-Labor Matters	\$96,466	\$480,821	\$466,396	\$466,396		0.0 %
265/520980 Independent Financial Audit	-	325,000	315,250	325,000	9,750	3.1 %
268/521030 Court Rptg,Steno or Transcrptn Svcs	203,046	382,000	370,540	321,746	(48,794)	(13.2)%
272/521050 Medical Consultation Svcs	14,314,492	30,483,741	29,569,228	28,535,926	(1,033,302)	(3.5)%
275/521120 Registry Services	5,186,559	6,614,960	6,416,511	6,392,518	(23,993)	(0.4)%
278/521200 Lab Related Services	7,028,818	8,530,998	8,283,370	8,293,832	462	0.0 %
298/521310 Special Or Coop Programs	500,000	900,000	873,000	873,000		0.0 %
310/530010 Food Supplies	75,084	358,640	347,880	171,700	(176,180)	(50.6)%
320/530100 Wearing Apparel	869	162,250	157,382	118,900	(38,482)	(24.5)%
330/530160 Household, Lndry,Clnq & Pers.Care Supls.	266,211	1,491,850	1,448,594	512,633	(935,961)	(64.6)%
333/530270 Institutional Supplies	1,281,453	3,008,263	2,918,015	2,918,015		0.0 %
335/530490 Miscellaneous Dietary Supplies	5,796	18,500	17,945	18,500	555	3.1 %
337/530560 Formula & Tube Feed Products	41,157	210,000	203,700	95,330	(108,370)	(53.2)%
350/530600 Office Supplies	474,445	671,559	651,412	764,290	112,878	17.3 %
353/530640 Bks, Periodcls, Publicts & Data Svcs	59,018	337,071	337,071	311,283	(25,788)	(7.7)%
355/530700 Photographic & Reproduction Supplies	221,024	432,080	419,117	418,678	(439)	(0.1)%
360/530790 Medical, Dental & Lab Supplies	2,348,822	3,950,208	3,831,700	3,608,164	(223,536)	(5.8)%
1/530910 Pharmaceutical Supplies	34,481,748	59,625,000	57,836,250	57,924,350	88,100	0.2 %
362/531200 Surgical Supplies	22,947,650	27,395,152	26,573,297	26,524,582	(48,715)	(0.2)%
364/531400 AZT and Related Drug Ther.	2,813,000	5,800,000	5,626,000	5,626,000		0.0 %
365/531420 Clinical Laboratory Supplies	8,041,730	12,477,230	12,102,913	11,339,192	(763,721)	(6.3)%
367/531500 X-Ray Supplies	818,630	2,516,627	2,441,129	1,928,533	(512,596)	(21.0)%
368/531570 Blood/Blood Derivatives	2,724,596	4,291,994	4,163,234	4,163,234		0.0 %
388/531650 Computer Operation Supplies	312,715	637,615	618,680	618,680		0.0 %
390/531680 Suppls, Mtls & Parts - N.O.C.	952	5,000	4,850	-	(4,850)	(100.0)%
402/540030 Water & Sewer	467,959	887,700	761,069	918,700	157,631	20.7 %
410/540050 Utilities-Electricity	3,382,894	7,541,641	7,315,392	6,776,427	(538,965)	(7.4)%
422/540070 Utilities-Gas	2,028,933	3,966,278	3,847,269	3,406,738	(440,551)	(11.5)%
429/540090 Other Utilities	26,826	73,247	71,050	71,050		0.0 %
440/540130 Maint & Repair of Office Equip	12,568	77,887	77,887	80,587	2,700	3.5 %
440/540140 County Wide Maint & Repair Office Equip	-	-	-	50,000	50,000	0.0 %
441/540170 Maint & Repair of Data Prng Equip	23,506,434	28,070,954	28,070,954	31,860,979	3,790,025	13.5 %
441/540172 County Wide Contract Data Processing	-	-	-	373,524	373,524	0.0 %
442/540200 Maint & Repair-Med,Dental & Lab Equip	5,469,717	8,852,546	8,392,989	8,295,215	(97,754)	(1.2)%
444/540250 Operation,Maint & Rep of Auto Equip	76,649	185,814	180,240	180,240		0.0 %
445/540290 Operation of Auto Equip	90,967	171,386	166,244	166,244		0.0 %

*Difference = Request- FY2012Adjusted

**Reflects Original Appropriation column in Appropriation Trial Balance

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FY 2013 BUREAU ACCOUNT SUMMARY

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Account Description	Curr. Exp.**	2012** Adopted	2012** Adjusted	Request	Difference*	Inc(Dec)%
449/540310 Op., Maint. and Repair of Inst. Equip.	\$1,833,988	\$3,055,291	\$2,963,633	\$2,963,633		0.0 %
450/540350 Maint. & Repair of Plnt Equip	2,749,643	5,491,739	5,326,985	4,848,102	(478,883)	(9.0)%
461/540370 Maintenance of Facilities	65,814	366,264	355,276	355,276		0.0 %
490/540430 Site Improvements	-	100,000	97,000	100,000	3,000	3.1 %
630/550010 Office Equipment Rental	453,949	525,533	525,533	57,500	(468,033)	(89.1)%
630/550018 County Wide Photocopier Lease	-	-	-	421,549	421,549	0.0 %
637/550060 Medical Equipment Rental	1,484,544	1,972,292	1,913,123	1,884,023	(29,100)	(1.5)%
638/550100 Institutional Equipment Rental	4,209	20,000	19,400	20,000	600	3.1 %
660/550130 Facilities Rental	809,212	1,400,905	1,400,905	1,807,905	407,000	29.1 %
690/550162 Rental and Leasing - N.O.C.	2,000,000	5,000,000	4,850,000	5,600,000	750,000	15.5 %
818/580033 Reimbursement to Designated Fund	-	1,624,517	1,824,517	1,624,517		0.0 %
880/580220 Institutional Memberships/Fees	622,472	874,790	848,548	852,254	3,708	0.4 %
614/580380 Approp. Adjustment	-	-	-	(14,000,000)	(14,000,000)	0.0 %
619/580420 Approp Trans For Rembsmt Frm Desgntd Fnd	(112,499)	(13,094,156)	(13,094,156)	(112,500)	12,981,656	(99.1)%
Bureau Operating Total:	\$521,194,602	\$804,990,378	\$797,865,739	\$865,179,212	\$67,323,473	8.4%

*Difference = Request- FY2012Adjusted

**Reflects Original Appropriation column in Appropriation Trial Balance

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FY2013 DEPARTMENT ACCOUNT SUMMARY

40 - Cermak Health Services of Cook County

Object Account	Curr. Exp.**	FY2012** Adopted	FY2012** Adjusted	Request	Difference*	Inc(Dec)%
110/501010 Sal & Wgs Of Reg Employees	\$20,100,422	\$34,947,130	\$35,059,897	\$32,953,547	\$(2,106,350)	(6.0)%
108/501035 Furlough Day Adjustment	-	-	-	(58,112)	(58,112)	0.0 %
119/501190 Schedule Salary Adj.	-	(3,027,471)	(2,936,645)	-	2,936,645	(100.0)%
120/501210 Overtime Compensation	1,790,253	1,250,500	1,212,985	1,212,985	-	0.0 %
121/501230 Premium Pay	264,165	504,300	489,171	-	(489,171)	(100.0)%
130/501320 Sal & Wages Extra Employees	186,009	-	-	-	-	0.0 %
133/501360 Per Diem Employees	425,520	1,106,555	1,073,359	1,021,714	(51,645)	(4.8)%
136/501400 Differential Pay	755,076	1,721,100	1,669,467	1,760,700	91,233	5.5 %
155/501420 Med. Practitioner As Required	24,158	47,753	46,320	45,484	(836)	(1.8)%
170/501510 Mandatory Medicare Cost	38,590	-	-	-	-	0.0 %
182/501750 Shared Tuition	45,716	50,000	48,500	-	(48,500)	(100.0)%
183/501770 Seminars for Professional Empls	393	20,000	19,400	19,400	-	0.0 %
186/501860 Training Programs for Staff Persnl	483	56,000	54,320	54,320	-	0.0 %
190/501970 Transpt & Other Travel Exp.-Empls	327	26,000	25,220	25,220	-	0.0 %
213/520010 Ambulance and Pt. Tranpt. Service	180,000	242,000	234,740	220,000	(14,740)	(6.3)%
215/520050 Scavenger Service	189	33,200	32,204	33,200	996	3.1 %
220/520150 Communication Services	3,095	8,703	8,442	8,703	261	3.1 %
222/520190 Laundry And Linen Svcs.	55,805	78,000	75,660	75,660	-	0.0 %
225/520260 Postage	2,194	3,000	2,910	2,910	-	0.0 %
228/520280 Delivery Services	-	2,500	2,425	300	(2,125)	(87.6)%
235/520390 Contract Maintenance Serv	4,604	27,000	26,190	22,000	(4,190)	(16.0)%
240/520490 Ext. Graphics and Repro Services	8,938	43,000	41,710	41,710	-	0.0 %
241/520491 Int. Graphics and Repro Services	-	3,000	2,910	18,000	15,090	518.6 %
^45/520610 Advertising For Specific Purposes	909	1,500	1,455	1,500	45	3.1 %
9/520670 Purchased Services - N.O.C.	231,838	268,000	259,960	660,000	400,040	153.9 %
260/520830 Professional & Mgrl Services	27,034	135,000	130,950	135,000	4,050	3.1 %
268/521030 Court Rptg,Steno or Transcptn Svcs	14,316	137,000	132,890	40,000	(92,890)	(69.9)%
272/521050 Medical Consultation Svcs	-	3,000	2,910	2,910	-	0.0 %
275/521120 Registry Services	343,849	651,000	631,470	561,000	(70,470)	(11.2)%
278/521200 Lab Related Services	1,857	100,000	97,000	97,000	-	0.0 %
310/530010 Food Supplies	18,197	23,000	22,310	22,310	-	0.0 %
330/530160 Household, Lndry,Clnq & Pers.Care Supls.	34,483	61,500	59,655	65,000	5,345	9.0 %
350/530600 Office Supplies	33,962	83,500	80,995	90,000	9,005	11.1 %
353/530640 Bks, Periodcls, Publcts & Data Svcs	-	13,000	13,000	10,000	(3,000)	(23.1)%
355/530700 Photographic & Reproduction Supplies	19,022	35,000	33,950	35,000	1,050	3.1 %
360/530790 Medical, Dental & Lab Supplies	196,950	456,000	442,320	442,320	-	0.0 %
361/530910 Pharmaceutical Supplies	9,434	-	-	20,000	20,000	0.0 %
362/531200 Surgical Supplies	125,398	52,000	50,440	300,000	249,560	494.8 %
365/531420 Clinical Laboratory Supplies	25,076	53,000	51,410	50,000	(1,410)	(2.7)%
367/531500 X-Ray Supplies	3,855	10,000	9,700	10,000	300	3.1 %
388/531650 Computer Operation Supplies	2,091	22,000	21,340	21,340	-	0.0 %
440/540130 Maint & Repair of Office Equip	4,017	7,000	7,000	7,000	-	0.0 %
441/540170 Maint & Repair of Data Prcng Equip	134,300	260,000	260,000	260,000	-	0.0 %
442/540200 Maint & Repair-Med,Dental & Lab Equip	60,172	386,000	374,420	374,420	-	0.0 %
444/540250 Operation,Maint & Rep of Auto Equip	323	8,800	8,536	8,536	-	0.0 %
449/540310 Op., Maint. and Repair of Inst. Equip.	7,117	24,103	23,380	23,380	-	0.0 %
461/540370 Maintenance of Facilities	16,334	100,000	97,000	97,000	-	0.0 %
630/550010 Office Equipment Rental	10,000	35,789	35,789	1,000	(34,789)	(97.2)%
630/550018 County Wide Photocopier Lease	-	-	-	27,352	27,352	0.0 %
880/580220 Institutional Memberships/Fees	3,059	44,700	43,359	44,700	1,341	3.1 %

*Reflects Original Appropriation column in Appropriation Trial Balance

Difference = Request- FY2012Adjusted

FY2013 DEPARTMENT ACCOUNT SUMMARY

10 - Cermak Health Services of Cook County

Object Account	Curr. Exp.**	FY2012**	FY2012**	Request	Difference*	Inc(Dec)%
		Adopted	Adjusted			
Total Operating:	\$25,209,527	\$40,113,162	\$40,080,424	\$40,864,509	\$784,085	2.0 %

Reflects Original Appropriation column in Appropriation Trial Balance

Difference = Request - FY2012 Adjusted

FY2013 DEPARTMENT ACCOUNT SUMMARY

41 - Health Services - JTDC

Object Account	Curr. Exp. ^{**}	FY2012** Adopted	FY2012** Adjusted	Request	Difference*	Inc(Dec)%
110/501010 Sal & Wgs Of Reg Employees	\$1,701,795	\$2,820,158	\$2,823,457	\$2,766,860	\$(56,597)	(2.0)%
108/501035 Furlough Day Adjustment	-	-	-	(4,783)	(4,783)	0.0 %
119/501190 Schedule Salary Adj.	-	(129,140)	(125,266)	-	125,266	(100.0)%
120/501210 Overtime Compensation	166,631	198,000	192,060	192,060	-	0.0 %
121/501230 Premium Pay	22,147	22,000	21,340	-	(21,340)	(100.0)%
133/501360 Per Diem Employees	48,263	218,295	211,746	193,978	(17,768)	(8.4)%
136/501400 Differential Pay	55,696	92,500	89,725	95,500	5,775	6.4 %
170/501510 Mandatory Medicare Cost	3,174	-	-	-	-	0.0 %
182/501750 Shared Tuition	8,659	12,000	11,640	-	(11,640)	(100.0)%
183/501770 Seminars for Professional Empls	-	2,000	1,940	1,940	-	0.0 %
190/501970 Transpt & Other Travel Exp.-Empls	-	3,000	2,910	2,910	-	0.0 %
215/520050 Scavenger Service	2,129	4,300	4,171	4,600	429	10.3 %
225/520260 Postage	-	500	485	485	-	0.0 %
228/520280 Delivery Services	5,271	17,000	16,490	17,000	510	3.1 %
240/520490 Ext. Graphics and Repro Services	-	5,000	4,850	4,850	-	0.0 %
260/520830 Professional & Mgrl Services	-	420,000	407,400	415,000	7,600	1.9 %
272/521050 Medical Consultation Svcs	-	2,500	2,425	2,425	-	0.0 %
275/521120 Registry Services	34,316	105,000	101,850	60,000	(41,850)	(41.1)%
278/521200 Lab Related Services	-	20,000	19,400	20,000	600	3.1 %
310/530010 Food Supplies	152	1,500	1,455	1,500	45	3.1 %
320/530100 Wearing Apparel	-	500	485	100	(385)	(79.4)%
350/530600 Office Supplies	10,078	15,000	14,550	14,550	-	0.0 %
353/530640 Bks, Periodcls, Publcts & Data Svcs	74	500	500	500	-	0.0 %
355/530700 Photographic & Reproduction Supplies	-	5,000	4,850	4,850	-	0.0 %
40/530790 Medical, Dental & Lab Supplies	96	28,000	27,160	27,160	-	0.0 %
388/531650 Computer Operation Supplies	-	2,000	1,940	1,940	-	0.0 %
440/540130 Maint & Repair of Office Equip	-	500	500	500	-	0.0 %
442/540200 Maint & Repair-Med,Dental & Lab Equip	1,468	9,000	8,730	8,730	-	0.0 %
637/550080 Medical Equipment Rental	-	35,000	33,950	33,950	-	0.0 %
880/580220 Institutional Memberships/Fees	-	10,000	9,700	10,000	300	3.1 %
Total Operating:	\$2,059,949	\$3,920,113	\$3,890,443	\$3,876,605	\$(13,838)	(0.4)%

Reflects Original Appropriation column in Appropriation Trial Balance

Difference = Request- FY2012Adjusted

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FY2013 DEPARTMENT ACCOUNT SUMMARY

30 - Health System Administration

Object Account	Curr. Exp.**	FY2012** Adopted	FY2012** Adjusted	Request	Difference*	Inc(Dec)%
110/501010 Sal & Wgs Of Reg Employees	\$24,507,272	\$47,032,163	\$47,196,948	\$45,557,879	\$(1,639,069)	(3.5)%
108/501035 Furlough Day Adjustment	-	-	-	(91,392)	(91,392)	0.0 %
119/501190 Schedule Salary Adj.	-	(7,389,608)	(7,167,920)	-	7,167,920	(100.0)%
120/501210 Overtime Compensation	2,905,647	4,655,061	4,515,409	3,771,000	(744,409)	(16.5)%
133/501360 Per Diem Employees	36,218	1,735,125	1,683,071	1,659,012	(24,059)	(1.4)%
136/501400 Differential Pay	106,603	312,500	303,125	33,000	(270,125)	(89.1)%
170/501510 Mandatory Medicare Cost	41,138	-	-	-	-	0.0 %
182/501750 Shared Tuition	388,178	866,000	840,020	967,598	127,578	15.2 %
183/501770 Seminars for Professional Empls	28,802	168,700	163,639	163,639	-	0.0 %
185/501810 Prof & Tech Membership Fees	2,167	281,140	272,706	272,706	-	0.0 %
186/501860 Training Programs for Staff Persnl	58,582	512,000	496,640	496,640	-	0.0 %
190/501970 Transpt & Other Travel Exp.-Empls	37,812	89,350	86,669	86,669	-	0.0 %
215/520050 Scavenger Service	-	6,000	5,820	6,000	180	3.1 %
220/520150 Communication Services	1,416,000	2,000,000	1,940,000	2,357,020	417,020	21.5 %
225/520260 Postage	43	11,450	11,107	11,107	-	0.0 %
228/520280 Delivery Services	440,533	648,435	628,981	448,892	(180,089)	(28.6)%
235/520390 Contract Maintenance Serv	-	10,000	9,700	174,405	164,705	1698.0 %
240/520490 Ext. Graphics and Repro Services	10,477	191,250	185,513	185,513	-	0.0 %
241/520491 Int. Graphics and Repro Services	-	-	-	97,700	97,700	0.0 %
242/520550 Surveys, Operations & Reports	2,520	50,000	48,500	75,000	26,500	54.6 %
245/520610 Advertising For Specific Purposes	132,077	500,000	485,000	550,000	65,000	13.4 %
249/520670 Purchased Services - N.O.C.	-	37,500	36,375	-	(36,375)	(100.0)%
260/520830 Professional & Mgrl Services	23,978,356	36,462,331	35,375,420	27,260,215	(8,115,205)	(22.9)%
591/520890 Legal Fees-Labor Matters	96,486	480,821	466,396	466,396	-	0.0 %
5/520980 Independent Financial Audit	-	325,000	315,250	325,000	9,750	3.1 %
275/521120 Registry Services	160,048	165,000	160,050	300,000	139,950	87.4 %
298/521310 Special Or Coop Programs	500,000	900,000	873,000	873,000	-	0.0 %
320/530100 Wearing Apparel	-	7,000	6,790	7,000	210	3.1 %
350/530600 Office Supplies	51,130	100,000	97,000	134,545	37,545	38.7 %
353/530640 Bks, Periodcls, Publcts & Data Svcs	9,742	50,485	50,485	80,300	29,815	59.1 %
355/530700 Photographic & Reproduction Supplies	2,722	3,000	2,910	20,000	17,090	587.3 %
360/530790 Medical, Dental & Lab Supplies	46,026	250,000	242,500	242,500	-	0.0 %
361/530910 Pharmaceutical Supplies	33,359,801	57,000,000	55,290,000	43,437,623	(11,852,377)	(21.4)%
388/531650 Computer Operation Supplies	297,425	553,785	537,171	537,171	-	0.0 %
440/540130 Maint & Repair of Office Equip	-	40,000	40,000	40,000	-	0.0 %
441/540170 Maint & Repair of Data Prcng Equip	23,072,379	27,111,004	27,111,004	31,322,729	4,211,725	15.5 %
441/540172 County Wide Contract Data Processing	-	-	-	52,104	52,104	0.0 %
442/540200 Maint & Repair-Med,Dental & Lab Equip	69,669	384,198	372,672	372,672	-	0.0 %
637/550080 Medical Equipment Rental	794,487	888,540	861,884	861,884	-	0.0 %
690/550162 Rental and Leasing - N.O.C.	2,000,000	5,000,000	4,850,000	5,600,000	750,000	15.5 %
880/580220 Institutional Memberships/Fees	98,666	123,000	119,310	131,000	11,690	9.8 %
814/580380 Approp. Adjustment	-	-	-	(14,000,000)	(14,000,000)	0.0 %
819/580420 Approp Trans For Rembsmt Frm Desgntd Fn	-	(12,981,656)	(12,981,656)	-	12,981,656	(100.0)%
Total Operating:	\$114,651,006	\$168,579,574	\$165,531,489	\$154,886,527	\$(10,544,962)	(6.4)%

Reflects Original Appropriation column in Appropriation Trial Balance

Difference = Request- FY2012Adjusted

Print Date/Time: 8/22/2012 - 1:23:44PM

FY2013 DEPARTMENT ACCOUNT SUMMARY

31 - Provident Hospital of Cook County

Object Account	Curr. Exp.**	FY2012**		Request	Difference*	Inc(Dec)%
		Adopted	Adjusted			
110/501010 Sal & Wgs Of Reg Employees	\$20,003,480	\$35,180,103	\$35,246,741	\$30,128,077	\$(5,118,664)	(14.5)%
108/501035 Furlough Day Adjustment	-	-	(3,813,886)	(58,105)	(58,105)	0.0 %
119/501190 Schedule Salary Adj.	-	(3,813,886)	(3,699,469)	-	3,699,469	(100.0)%
120/501210 Overtime Compensation	1,585,964	1,684,764	1,634,222	1,634,222	-	0.0 %
121/501230 Premium Pay	-	455,607	441,939	461,507	19,568	4.4 %
124/501250 Emp Hlth Insurance Waiver	400	-	-	-	-	0.0 %
130/501320 Sal & Wages Extra Employees	24,777	-	-	-	-	0.0 %
133/501360 Per Diem Employees	214,691	420,776	408,152	563,477	155,325	38.1 %
136/501400 Differential Pay	280,213	435,445	422,381	639,790	217,409	51.5 %
155/501420 Med. Practitioner As Required	963,999	1,143,371	1,109,071	1,005,259	(103,812)	(9.4)%
170/501510 Mandatory Medicare Cost	37,012	-	-	-	-	0.0 %
183/501770 Seminars for Professional Empls	1,197	15,000	14,550	14,550	-	0.0 %
185/501810 Prof & Tech Membership Fees	3,279	5,000	4,850	4,850	-	0.0 %
186/501860 Training Programs for Staff Persnl	128	30,000	29,100	29,100	-	0.0 %
190/501970 Transpt & Other Travel Exp.-Empls	1,639	5,000	4,850	4,850	-	0.0 %
213/520010 Ambulance and Pt. Tranpt. Service	183,605	362,727	351,845	357,752	5,907	1.7 %
215/520050 Scavenger Service	28,791	210,000	203,700	106,836	(96,864)	(47.6)%
220/520150 Communication Services	700	5,000	4,850	-	(4,850)	(100.0)%
222/520190 Laundry And Linen Svcs.	100,000	125,000	121,250	121,250	-	0.0 %
223/520210 Food Services	575,553	900,000	873,000	1,283,623	410,623	47.0 %
225/520260 Postage	-	44,250	42,923	42,923	-	0.0 %
228/520280 Delivery Services	451	1,800	1,746	1,800	54	3.1 %
235/520390 Contract Maintenance Serv	14,369	10,000	9,700	15,000	5,300	54.6 %
301/520490 Ext. Graphics and Repro Services	-	105,563	102,396	102,396	-	0.0 %
42/520550 Surveys, Operations & Reports	-	-	-	1,200	1,200	0.0 %
245/520610 Advertising For Specific Purposes	-	-	-	5,000	5,000	0.0 %
260/520830 Professional & Mgrl Services	2,795,459	3,468,141	3,364,097	3,074,072	(290,025)	(8.6)%
268/521030 Court Rptg,Steno or Transcptn Svcs	-	5,000	4,850	5,000	150	3.1 %
272/521050 Medical Consultation Svcs	1,242,131	1,653,415	1,603,812	1,603,812	-	0.0 %
275/521120 Registry Services	1,260,633	1,498,000	1,453,060	1,270,500	(182,560)	(12.6)%
278/521200 Lab Related Services	61,264	199,000	193,030	108,184	(84,846)	(44.0)%
320/530100 Wearing Apparel	-	1,500	1,455	3,500	2,045	140.5 %
330/530160 Household, Lndry,Cpng & Pers.Care Supls.	5,053	150,000	145,500	2,000	(143,500)	(98.6)%
333/530270 Institutional Supplies	79,607	712,555	691,178	691,178	-	0.0 %
337/530560 Formula & Tube Feed Products	1,435	10,000	9,700	3,440	(6,260)	(64.5)%
350/530600 Office Supplies	43,776	50,000	48,500	44,800	(3,700)	(7.6)%
353/530640 Bks, Periodcls, Publcts & Data Svcs	883	20,000	20,000	21,740	1,740	8.7 %
355/530700 Photographic & Reproduction Supplies	20,126	34,000	32,980	28,000	(4,980)	(15.1)%
360/530790 Medical, Dental & Lab Supplies	68,841	445,483	432,119	432,119	-	0.0 %
361/530910 Pharmaceutical Supplies	68,397	125,000	121,250	125,000	3,750	3.1 %
362/531200 Surgical Supplies	556,465	1,284,159	1,245,634	1,455,098	209,464	16.8 %
365/531420 Clinical Laboratory Supplies	594,226	575,000	557,750	523,544	(34,206)	(6.1)%
367/531500 X-Ray Supplies	146,898	597,512	579,587	495,983	(83,604)	(14.4)%
368/531570 Blood/Blood Derivatives	24,596	110,000	106,700	106,700	-	0.0 %
388/531650 Computer Operation Supplies	-	10,000	9,700	9,700	-	0.0 %
402/540030 Water & Sewer	53,587	65,000	63,050	45,000	(18,050)	(28.6)%
410/540050 Utilities-Electricity	560,989	1,093,038	1,060,247	963,248	(96,999)	(9.1)%
422/540070 Utilities-Gas	229,977	445,157	431,802	377,891	(53,911)	(12.5)%
440/540130 Maint & Repair of Office Equip	-	1,000	1,000	1,000	-	0.0 %
441/540170 Maint & Repair of Data Prcng Equip	-	10,000	10,000	-	(10,000)	(100.0)%

Reflects Original Appropriation column in Appropriation Trial Balance

Difference = Request- FY2012Adjusted

FY2013 DEPARTMENT ACCOUNT SUMMARY

31 - Provident Hospital of Cook County

Object Account	Curr. Exp.**	FY2012**		Request	Difference*	Inc(Dec)%
		Adopted	Adjusted			
441/540172 County Wide Contract Data Processing	\$-	\$-	\$-	\$6,000	\$6,000	0.0 %
442/540200 Maint & Repair-Med,Dental & Lab Equip	353,888	470,000	455,900	455,900	-	0.0 %
444/540250 Operation,Maint & Rep of Auto Equip	168	-	-	-	-	0.0 %
450/540350 Maint. & Repair of Plnt Equip	500,491	857,003	831,293	883,987	52,694	6.3 %
490/540430 Site Improvements	-	100,000	97,000	100,000	3,000	3.1 %
630/550010 Office Equipment Rental	39,264	77,059	77,059	50,000	(27,059)	(35.1)%
630/550018 County Wide Photocopier Lease	-	-	-	37,819	37,819	0.0 %
637/550080 Medical Equipment Rental	201	30,000	29,100	29,100	-	0.0 %
880/580220 Institutional Memberships/Fees	37,971	70,000	67,900	75,794	7,894	11.6 %
Total Operating:	\$32,766,576	\$51,492,542	\$51,073,050	\$49,495,466	\$(1,577,584)	(3.1)%

*reflects Original Appropriation column in Appropriation Trial Balance

Difference = Request- FY2012Adjusted

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FY 2013 BUREAU ACCOUNT SUMMARY

HEALTH FUND	FY 2012	FY 2013		
	ADJUSTED	REQUEST	DIFFERENCE	%
240 - Cermak Health Services	40,080,424	40,864,509	784,085	2.0%
241 - Juvenile Temporary Detention Center	3,890,443	3,876,605	(13,838)	-0.4%
890 - Health System Administration	165,531,489	154,886,527	(10,644,962)	-6.4%
891 - Provident Hospital of Cook County	51,073,050	49,495,466	(1,577,584)	-3.1%
893 - Ambulatory and Community Health Network	47,109,833	51,815,924	4,706,091	10.0%
894 - The Ruth M. Rothstein CORE Center	11,667,789	11,698,210	30,421	0.3%
895 - Department of Public Health	17,158,233	16,107,119	(1,051,114)	-6.1%
896 - Section 1115 Medicaid Waiver Implementation	-	97,964,900	97,964,900	100.0%
897 - John H. Stroger, Jr. Hospital of Cook County	426,481,562	425,984,604	(496,958)	-0.1%
898 - Oak Forest Health Center	34,862,916	12,485,348	(22,377,568)	-64.2%
HEALTH FUND TOTAL	797,855,739	865,179,212	67,323,473	8.4%
899 - Fixed Charges and Special Purpose Approp.	87,929,581	100,706,267	12,776,686	14.5%
TOTAL CCHHS	885,785,320	965,885,479	80,100,159	9.0%
LESS: Estimated Revenue-CCHHS	640,362,092	712,114,484	71,752,392	11.2%
LESS: Estimated Subsidy-County	253,770,995	253,770,995	-	
	894,133,087	965,885,479	71,752,392	8.0%
Total Expense Less Revenue/Subsidy	(8,347,767)	-	8,347,767	-100.0%
SPECIAL PURPOSE FUNDS				
544 - Lead Poisoning Prevention Fund	1,353,474	1,872,298	518,824	38.3%
564 - TB Sanitarium District	5,351,982	5,266,826	(85,156)	-1.6%
SPECIAL PURPOSE FUNDS TOTAL	6,705,456	7,139,124	433,668	6.5%

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #5

OFFICE OF THE INDEPENDENT INSPECTOR GENERAL



**Presentation to the
CCHHS Board of Directors
September 5, 2012**

Cook County Office of the Independent Inspector General

Mission: The mission of the Office of the Independent Inspector General (OIIG) is to detect, deter and prevent corruption, fraud, waste, mismanagement, unlawful political discrimination and misconduct in the operation of Cook County government with integrity, independence, professionalism and respect for both the rule of law and the people we serve.

Contact Information:

69 W. Washington
Suite 1160
Chicago, IL 60602

Complaint Hotline
PHONE: (312) 603-0745
FAX: (312) 603-9744

CCHHS Office:
1900 West Polk, Suite 416
(312) 864-0934

ONLINE: www.cookcountylil.gov/inspectorgeneral

In person meetings are scheduled by calling 312-603-0350

OIIG Ordinance

- OIIG is empowered to investigate corruption, fraud, waste, mismanagement, UPD, misconduct
- Law prohibits outside influence or interference with OIIG objectivity
- OIIG is empowered to make disciplinary recommendations up to and including termination
- OIIG conducts surveys and inspections
- OIIG collaborates with outside law enforcement

OIIG is Empowered to Investigate All Matters Which Cook Co. Employees are Required to Report:

- *UPD/ Political Contacts
- *Ethics Violations
- *Crime
- *Retaliation
- *Fraud
- *Corruption

OIIG Investigative Processes Include:

- **Witness Interviews**
- **Subpoena Power**
- **All Cook County Employees and Vendors Have a Legal Duty to Cooperate**
- **Issuance of Summary Reports with Recommendations for Discipline and/or Corrective Action**

Unlawful Political Discrimination

Historical Perspective

Shakman Litigation – Prohibition of Unlawful Political Discrimination based on the First Amendment right to free speech and association.

- 1969 federal civil lawsuit, Michael L. Shakman, et al. v. Democratic Organization of Cook County, et al., No. 69 C 2145 (N.D. Ill.).
- 2006 Supplemental Relief Order (SRO) appointed a Compliance Administrator to resolve pre-SRO claims and monitor compliance with court orders.
- 2009 Court appoints Complaint Administrator to investigate all post-SRO complaints of UPD.
- February 22, 2012 Court transfers jurisdiction of all post-SRO complaints to OIIG.

Today's Cook County Ordinance

Chapter 44, Article II, Section 44-56 of the Cook County Code prohibits political discrimination in ALL ASPECTS of Cook County employment.

Unlawful Political Discrimination

Defined: Directly or indirectly influencing:

1. ANY aspect of employment

Such as: Hiring, firing, overtime, transfer, evaluation, discipline etc.

2. Based on political factors

Such as: Political affiliation, political support or activity, political financial contributions, promise of future political support or failure to provide support.

Political Contact Log

All employees have a **duty to file a Political Contact Log form** with the OIIG when:

1. There is contact by a political person or his/her representative,
2. Inquiring about or attempting to influence an employment action,
3. Regarding a person who would be affected by the employment action.

Employees are not required to figure out if the political contact is legal; they are only required to report it when it happens.

RETALIATION IS PROHIBITED

It is unlawful to take a negative employment action toward an employee because the employee:

- Files a claim of Unlawful Political Discrimination with the Compliance Administrator or court.
- Files a complaint with the Independent Inspector General, Compliance Administrator or Compliance Officer.
- Files a Political Contact Log.
- Cooperates in an investigation or is a witness.

Conclusion

- The Office of the Independent Inspector General will act to detect, deter and prevent corruption, fraud, waste, mismanagement, unlawful political discrimination and misconduct in the operation of Cook County government.

Regarding UPD:

- Law and policy prohibit all employees from considering political factors in any employment actions.
- All employees have a duty to report UPD and to file Political Contact Logs when appropriate.
- Retaliatory behavior is prohibited and will not be tolerated.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #6

STANDARDS OF CONDUCT

The Cook County Health & Hospitals System's Standards of Conduct are a guide to all Cook County Health & Hospitals System (CCHHS) personnel, including officers, directors, members of committees with Board-delegated authority, employees, and members of the CCHHS medical staff or house staff, researchers, students and agency personnel. This policy also affects independent contractors, consultants and other business partners (vendors) who are not employees but are working at CCHHS.

Use the Standards of Conduct as a guide and as a reminder to uphold

- Honest and ethical behavior,
- Compliance with applicable laws, regulations, and system policies, and
- Your responsibilities, as an important part of the CCHHS team.

Compliance with the CCHHS Standards of Conduct is required.

A. QUALITY OF CARE

1. We are committed to providing care within its capabilities and capacity to all patients regardless of race, color, gender, religion, disability, national origin, age, sexual orientation, marital status, veteran and the ability to pay.
2. We must comply with laws and policies that protect the safety and well-being of our patients and employees in the delivery of comprehensive high quality healthcare to the residents of Cook County.
3. We are committed to timely medical record documentation of the care we provide to our patients in an accurate, truthful, and clear manner.
4. We follow the requirements of the Emergency Medical Treatment And Labor Act, also known as EMTALA by providing for an appropriate medical screening examination to determine whether or not an individual requesting such examination has an emergency medical condition and if the patient is determined to have an emergency medical condition, the patient will receive treatment within CCHHS capabilities and capacity until the condition is stabilized or an appropriate transfer to another facility can be made. CCHHS will accept an appropriate transfer of a patient who requires its specialized capabilities or facilities if CCHHS has the capacity to treat the patient.

B. ETHICS AND DISCLOSURES

5. We will maintain high ethical standards and comply with all federal, state and local laws, including the Cook County Ethics Ordinance, to prevent fraud and abuse.
6. We shall not make, participate in making or in any way attempt to use our position to influence any actions or business decisions when we know, have reason to know or should know that we will personally benefit from those actions.
7. We will never solicit, accept, receive or agree to receive, either directly or indirectly, anything of value, including but not limited to money, gifts, favors or promise of future employment, based upon

any mutual understanding, either explicit or implicit, that would influence our actions, decisions or judgments on behalf of CCHHS.

8. We will never ask for and/or accept any money or anything of value including, but not limited to, gifts, favors, services or promises of future employment, in return for advice or assistance on matters concerning CCHHS operations or business.

9. We will not do business or have any type of financial interest in any business activity that involves any of CCHHS' operations or business.

10. We shall only engage in financial arrangements with CCHHS physicians that compensate physicians for fair market value for the services they provide to our organization. We will never offer any other incentive that violates the federal anti-kickback statute or other similar federal or state statute or regulation.

11. No referrals shall be made by any CCHHS health care provider (physician, nurse, or other) for health services to an entity in which he, she or an immediate family member has a financial relationship.

C. FINANCIAL INTEGRITY

12. We will submit accurate claims that follow CCHHS policies and governmental guidance. This includes accurate Medicare cost reports.

13. We will follow ethical coding practices by using defined coding methodologies in accordance with Federal & State regulations & laws and industry standards that include ICD-9-CM Official Guidelines for Coding and Reporting established by the Centers for Medicare and Medicaid Services and the National Center for Health Statistics and CPT (Current Procedural Terminology) rules established by the American Medical Association.

14. We shall take reasonable steps to ensure that all claims for clinical and diagnostic laboratory testing services are accurate and correctly identify the services ordered by the physician and that such services were actually performed.

15. We shall submit claims for medically necessary services that are ordered by a physician or other appropriately licensed individual.

16. We will promptly return all governmental or private payor overpayments, including deductibles and co-payments.

17. We are committed to comply with laws, regulations, and policies that relate to contracts and arrangements with referral sources.

18. We shall comply with anti-trust laws, including, but not limited to, restrictions concerning price information, referral, and discriminatory pricing.

D. ACCURATE RECORDS

19. We must maintain all books and records in an accurate, complete and timely manner. Furthermore, CCHHS is subject to laws that require that certain records be retained for differing periods of time. It is our duty to comply with all policies regarding record retention, as well as all applicable laws.

20. We are committed to complete and accurate medical record documentation for each patient treated. In order to ensure that medical records can support all of their various purposes, it is extremely important that the records be complete, accurate, timely and legible.

D. ACCURATE RECORDS *(continued)*

21. We shall maintain confidentiality of all medical records to ensure the integrity of provider-patient and CCHHS-patient relationships. Any request to see or copy a patient's medical record must follow the applicable policy.
22. We will accurately reflect CCHHS transactions in all our books, records and accounts. All assets and liabilities of CCHHS must be recorded on the books. There shall be no undisclosed or unrecorded fund or asset in any amount for any purpose; no false or artificial entries for any purpose; and no payment shall occur, or purchase price be agreed to, with the intention or understanding that any part of such payment is for anything other than that described in the document supporting the payment.
23. We must allocate and bill cost to a government contract, program or other entity properly and in accordance with regulations. Timely and accurate completion of time reporting by all CCHHS employees is essential. All employees shall report only the true and actual number of hours worked by them.
24. We will document CCHHS business expenses properly and promptly with accuracy and completeness on expense reports in accordance with the applicable policy.

E. CONFIDENTIALITY

25. We shall guard our patient's Protected Health Information (PHI) and use the utmost caution when communicating verbally and electronically. We shall comply with the Health Insurance Portability and Accountability Act (HIPAA).
26. We will never misuse or disclose confidential or proprietary information, including patient or personnel records, hospital reports or tests, and any departmental files, documents, or data in financial reports and records.

F. RESEARCH

27. We shall carry out research involving, human subjects in an ethical manner in accordance with federal regulations and policies and procedures authored by CCHHS Office of Research Affairs.

G. EMPLOYMENT SCREENING

28. We shall perform excluded provider/ sanction checks on potential and current employees to ensure services provided by excluded entities will not be paid under any Federal healthcare program, on or after the effective date of exclusion.
29. Similarly we shall perform excluded provider/ sanction checks on potential and current vendors to ensure services provided by excluded entities will not be paid under any Federal healthcare program, on or after the effective date of exclusion.

H. EDUCATION AND TRAINING

30. We shall train CCHHS personnel, including officers, directors, members of committees with Board-delegated authority, employees, and members of the CCHHS medical staff or house staff, researchers, students and agency personnel on our Standards of Conduct.
31. We shall remind everyone that compliance is the responsibility of each and every one of us.
32. We shall hold leadership accountable, for the ongoing communication of these standards and to promote the culture of compliance.

I. DUTY TO REPORT VIOLATIONS

33. We are individually and collectively responsible to report compliance concerns to leadership and/ or the System Compliance Program. We must do the right thing because it's the right thing to do.

J. PROTECTIONS

34. We shall keep compliance concerns confidential.
35. We shall investigate concerns promptly.
36. We shall protect those who report compliance concerns in good faith – this is the promise and the duty of the Compliance Program.

If you have any questions regarding the Standards of Conduct or if you are aware of any violations of the Standards, contact

- your supervisor,
- a concern related department (such as Human Resources, Safety, etc.), or
- the System Compliance Program.

How to report a compliance concern to the System Compliance Program:

In writing to:
The Corporate Compliance Program
Cook County Health & Hospitals System
1900 West Polk, Suite 123
Chicago, IL 60612

Call our confidential hot line
1-866-489-4949
or
report online
www.cchhs.ethicspoint.com

E-mail us
compliance@cookcountyhhs.org

The Compliance Program is your resource;
we can help guide you in your decision-making.





CCHHS Standards of Conduct/ Code of Ethics

Cathy Bodnar, MS, RN, CHC
Chief Compliance & Privacy Officer

September 05, 2012



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
cchhs

Standards of Conduct



- An integral component of any organization.
- Offers broad guidance that spans job descriptions equally.
- Provides structure and sets the organization's tone.





In addition,

- The federal government, through Compliance Program Guidance, identifies Standards of Conduct as an element of a comprehensive Compliance Program.
- Now Patient Protection and Affordable Care Act (PPACA) requires a formal health care compliance program as a condition of enrollment in federal health care programs.



General Principles



We will,

- respect and comply with laws, regulations, and system policies;
- uphold honest and ethical behavior;
- do this individually and collectively to support the mission and vision of CCHHS.

Who?

The Standards of Conduct applies to:

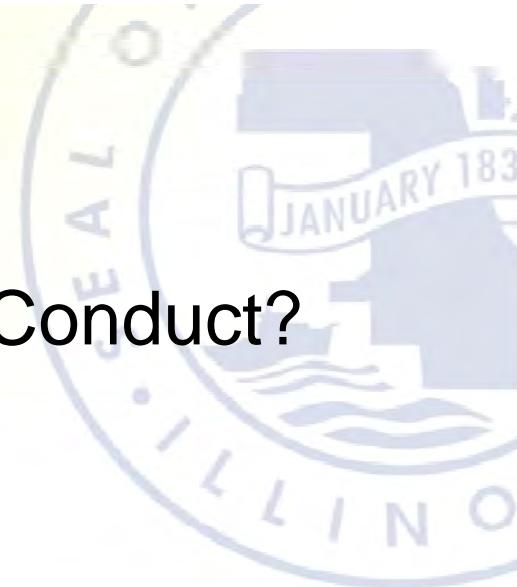
Everyone



CCHHS personnel,
Officers, directors, members of committees with Board-delegated authority, employees, and members of the CCHHS medical staff or house staff, researchers, students and agency personnel.

In addition to independent contractors, consultants and other business partners (vendors) who are not employees but are working at CCHHS.





What?

Is addressed in the Standards of Conduct?

- A. Quality of Care
- B. Ethics & Disclosures
- C. Financial Integrity
- D. Accurate Records
- E. Confidentiality
- F. Research
- G. Employment Screening
- H. Education & Training
- I. Duty to Report Violations
- J. Protections



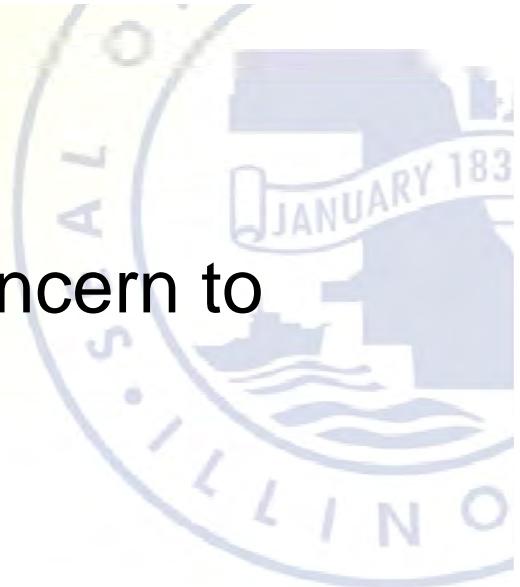


Where?

Do people go with questions:

- to their supervisor;
- a concern related department (such as Human Resources, Safety, etc.);
or
- the Corporate Compliance Program.





How?

Does one report a compliance concern to
Corporate Compliance

In writing to:



The Corporate Compliance Program
Cook County Health & Hospitals System
1900 West Polk, Suite 123
Chicago, IL 60612



Call our confidential hot line

1-866-489-4949

or

report online

www.cchhs.ethicspoint.com



E-mail us

compliance@cookcountyhhs.org



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 5, 2012

ATTACHMENT #7



RAM RAJU, MD, MBA, FACHE, FACS
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS

September 5, 2012

1115 WAIVER

Approval Process

Weekly telephone meetings with CMS, HFS, and CCHHS continue. CMS has indicated that a draft of the terms and conditions for waiver approval will be forthcoming in the near future. CMS has not, however, committed to a specific timeline for delivering the draft terms and conditions. After the draft is received, it is anticipated that discussion and negotiation of specific terms and conditions will ensue. Additional questions continue to be asked by CMS and responded to by CCHHS and HFS. Additional analysis concerning the “budget neutrality” requirements of the waiver remains in progress.

Implementation Status

Internal work teams, led by Dr. Jennifer Smith, continue intensive preparations. An RFP soliciting for a “Third Party Administrator” currently is active. Solicitations for service providers (FQHCs, Mental Health providers, and Substance Abuse providers) to supplement the CCHHS network are being prepared. Scope and contract terms are being negotiated with the current Medicaid eligibility vendor, Chamberlin Edmonds, for enrollment assistance. Progress is being made on the preparation of the Hoyne Avenue, Illinois Medical District building for occupancy by State of Illinois Department of Human Services personnel earmarked for assisting enrollment of waiver patients. Organizational changes to supplement the implementation team and modify its structure are being planned and will be presented to this Board.

OAK FOREST HEALTH CENTER

On August 22, 2012 the groundbreaking took place for Phase 1 of the construction re-development project for the E Building on the Oak Forest Campus as part of the planned transition to the Oak Forest Health Center. The construction will pave the way for a more effective, population health approach, creating the opportunity for more screenings and tests with new state of the art equipment for diagnostic imaging. The development of the Oak Forest Health Center is an integral part of the vision of accessible primary care and more coordinated specialty care that will improve the health outcomes and reduce unnecessary utilization of acute – and more expensive – care.

The Phase 1 development of the Oak Forest Health Center is a re-affirmation of our commitment to the Oak Forest community and to the southland. I would like to extend a sincere thank you to our current and future partners and providers, we look forward to working with you to keep the southland healthy and to make sure that our neighbors, the residents in this community have access to the care they need.

PUBLIC HEALTH UPDATE

Cook County Department of Public Health continues on its path toward accreditation with document selection to demonstrate its achievement of the standards and measures of the Public Health Accreditation Board in process.

Communicable disease activity has been high during the month of August with West Nile Virus, H3N2v Influenza Virus, Pertussis (whooping cough) and Pontiac Fever at a suburban hotel. Active surveillance and investigation by the Communicable Disease and Environmental Health Units is ongoing to address these increases in communicable diseases.

West Nile Virus activity is high throughout the nation and state including suburban Cook County (excluding City of Chicago, Evanston, Skokie, Oak Park, and Stickney Township) with 34 cases being reported through 8.29.2012. The hot, dry weather conditions have contributed to the rise in West Nile. While the number of cases is higher than in previous years, it does not appear that the number will reach the number seen in 2002 (884 cases and 67 deaths). Coordination activities continue with the four local mosquito abatement districts and communities to provide guidance on larviciding and adulticiding

activities. The Communications and Policy Development Unit has been active with media interviews and public service announcements emphasizing prevention messages.

Attachment: Wk33_2012 WNV Surveillance Report

RECOGNITION

Patient Thank You

We received a letter from a patient that was treated at the Cook County Department of Public Health Integrated Clinics at the Markham Courthouse. The patient complimented the professional and caring staff, referring to them as “Top Gun”. I would like to acknowledge and thank the staff at the Markham Clinic, specifically: Gwendolyn Pinkney, APN, Tia Robinson-May, RN, Leslie Papierski, Clinic Assistant.

Staff Acknowledgement

The Cerner PowerChart 2012 went live on July 30, 2012 and has shown terrific engagement on the part of clinical and administrative staff throughout the health system. CCHHS is on its way to meeting federal meaningful use requirements for electronic health records. I would like to thank Dr. Bala Hota, CMIO/Interim CIO and his team for the successful launch of this system.

On Monday August 20, 2012 the Pharmacy Department went live with a new operating system, EnterpriseRx. This operating system is designed to receive and process both e-prescriptions and hardcopy prescriptions. In a project of this scope and scale, some issues can occur – in fact two issues were found: a significant connectivity issue that resulted in a delay in prescription processing time; and our interface to the SureScripts prescribing network had some issues that prevented successful transmission of prescriptions. As soon as these issues were raised a collaborative team led by our Director of Pharmacy, Rhonda Yates worked toward a resolution, always keeping in mind the needs of our patients. I am happy to report that the issues are being resolved and our patients needs are being addressed. I want to thank Rhonda and all those that lent their assistance and expertise: Bala Hota, Claudia Fegan, Marty Grant, Terry Mason, Carol Schneider, just to name a few, there were so many others, thank you all.

Cook County Department of Public Health

Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health and Hospitals System

Ram Raju MD, MBA, FACS, FACHE • CEO
Cook County Health and Hospitals System

Sandra Martell, RN, DNP • Interim COO
Cook County Department of Public Health



Health & Hospitals System Board

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West Nile Virus Surveillance Report Aug 24, 2012

Mosquito¹ Surveillance:

Week 33: (08/12/2012 – 08/18/2012)	
Number of female <i>Culex</i> mosquitoes tested	11,776
Number of <i>Culex</i> mosquito pools tested	372
Number of positive pools	205
Number of communities with positive mosquito pools ²	59
Cumulative Totals: (05/20/2012 – 08/18/2012)	
Number of female <i>Culex</i> mosquitoes tested	200,637
Number of <i>Culex</i> mosquito pools tested	4,718
Number of positive pools	1,831
Number of communities with positive mosquito pools	73

1. Includes mosquito surveillance data from Cook County Department of Public Health, Skokie Department of Public Health, Evanston Department of Public Health, North West Mosquito Abatement District, North Shore Mosquito Abatement District, Des Plaines Valley Mosquito Abatement District, South Cook County Mosquito Abatement District, and the Illinois Department of Public Health.

2. Communities are: Alsip, Arlington Heights, Barrington, Bartlett, Berkeley, Berwyn, Broadview, Brookfield, Buffalo Grove, Chicago Ridge, Cicero, Country Club Hills, Des Plaines, Elgin, Elk Grove, Evanston, Forest Park, Franklin Park, Glencoe, Glenview, Harvey, Harwood Heights, Hickory Hills, Hillside, Hodgkins, Hoffman Estates, Homewood, Justice, Kenilworth, La Grange, La Grange Highlands, Lynwood, Melrose Park, Morton Grove, Niles, North Riverside, Northbrook, Northfield, Oak Forest, Oak Lawn, Oak Park, Olympia Fields, Orland Park, Palatine, Palos Hills, Prospect Heights, Richton Park, River Forest, Rolling Meadows, Schaumburg, Schiller Park, Skokie, Steger, Streamwood, Summit, Tinley Park, Wheeling, Willow Springs and Wilmette.

Dead Birds: A total of 51 birds have been collected, of which 6 were positive and 1 has results pending.

Human Cases: Twenty-nine human cases have been reported.

Risk Assessment

There is a **high** risk of human West Nile Virus infection in suburban Cook County.

Prevention: When outdoors between dusk and dawn, cover skin with lightly colored loose fitting clothing and use mosquito repellent with DEET, picaridin or oil of lemon eucalyptus. When applying repellent, always follow the directions on the product label. Get rid of standing water around your home in pet bowls, flower pots, old tires, baby pools and toys. Water that is allowed to stagnate for three or four days becomes a breeding ground for mosquitoes. Make sure your doors and windows have tightly fitting screens and repair any tears or other openings. Keep weeds and grass cut short and keep gutters clean and free of debris.

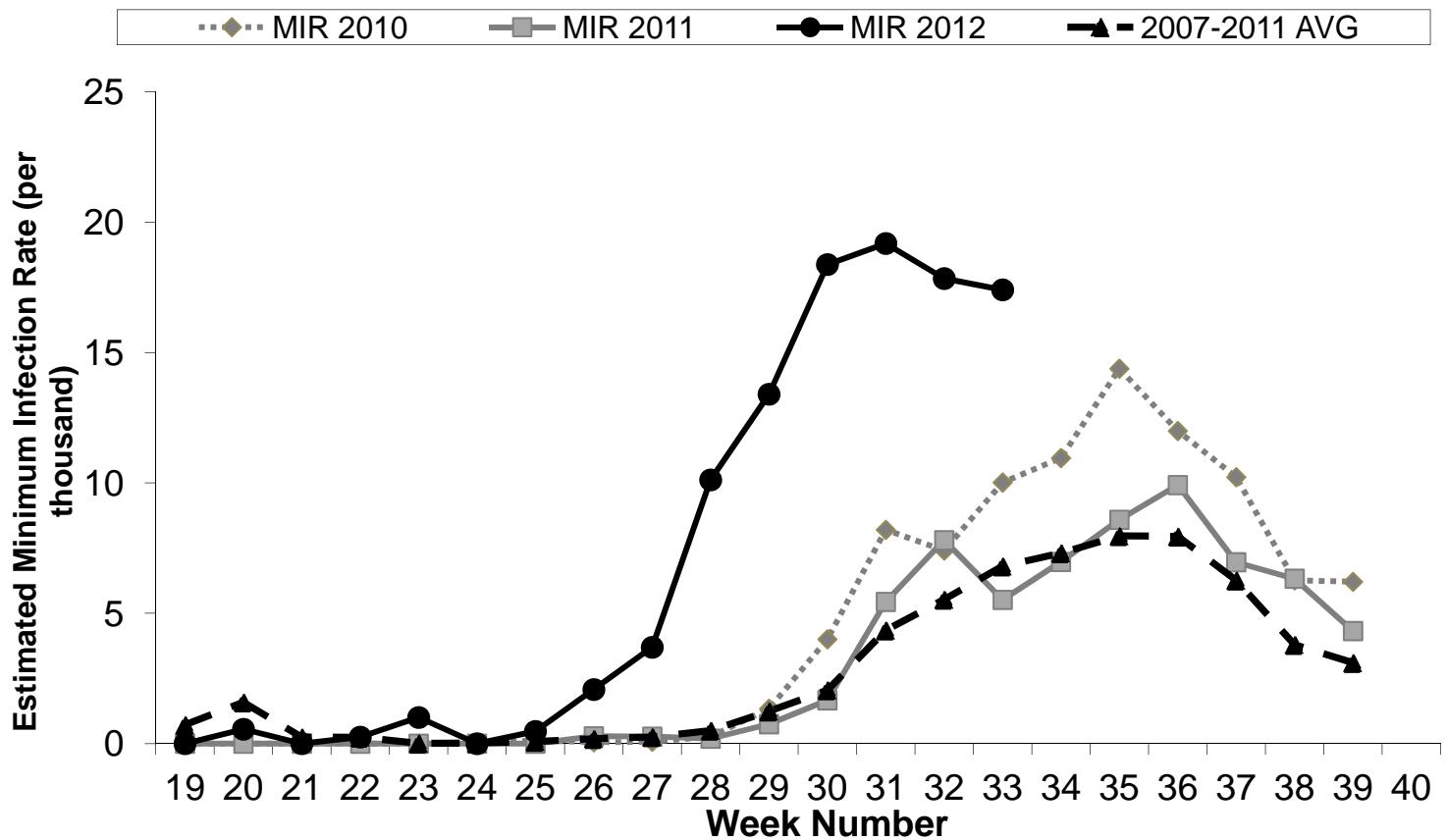
Disclaimer: All data are preliminary and may change as more reports are received.

15900 S. Cicero Avenue • Building E • Oak Forest, Illinois 60452 • Tel: (708) 633-4000

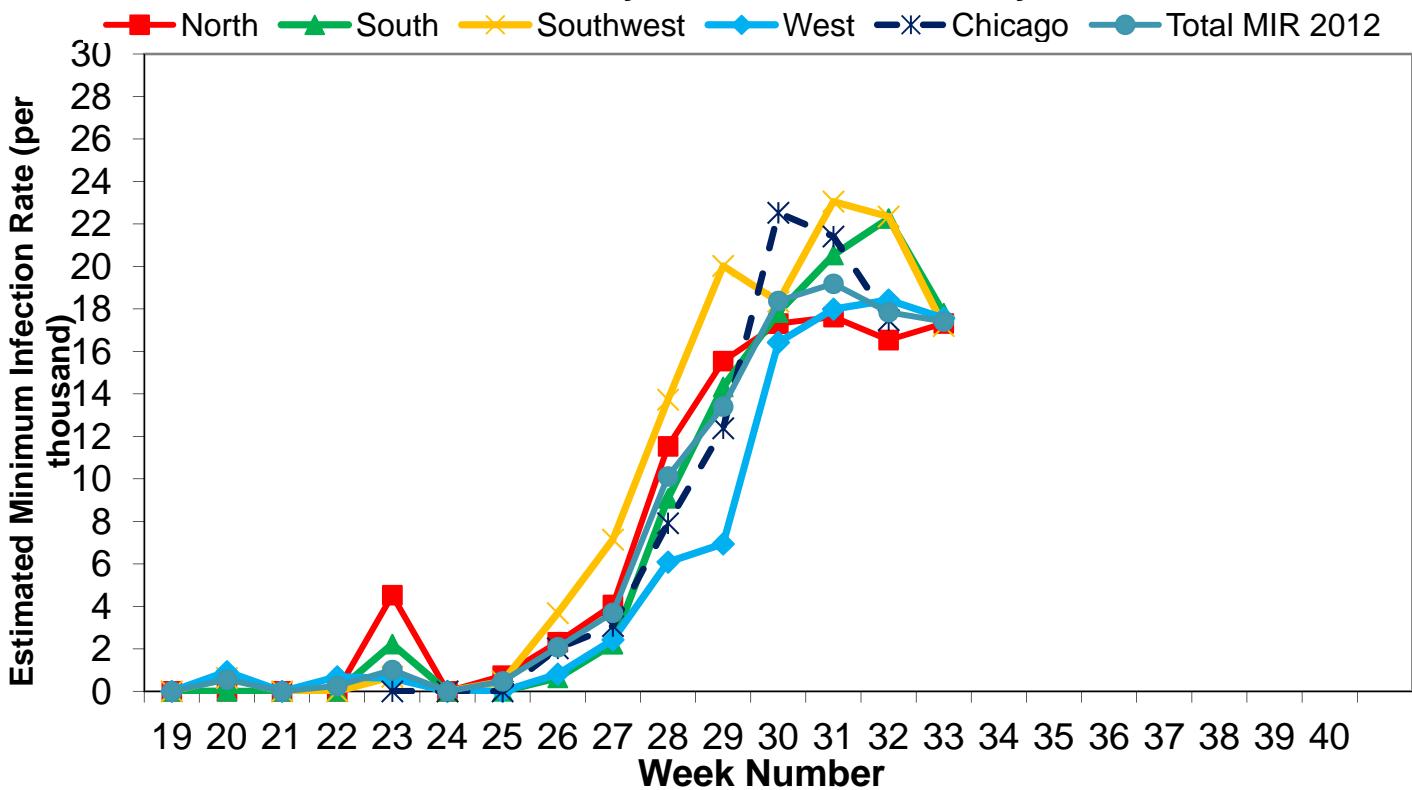
Ambulatory & Community Health Network • Cermak Health Services • Cook County Department of Public Health
John H. Stroger, Jr. Hospital • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center

“We Bring HealthCare to Your Community”

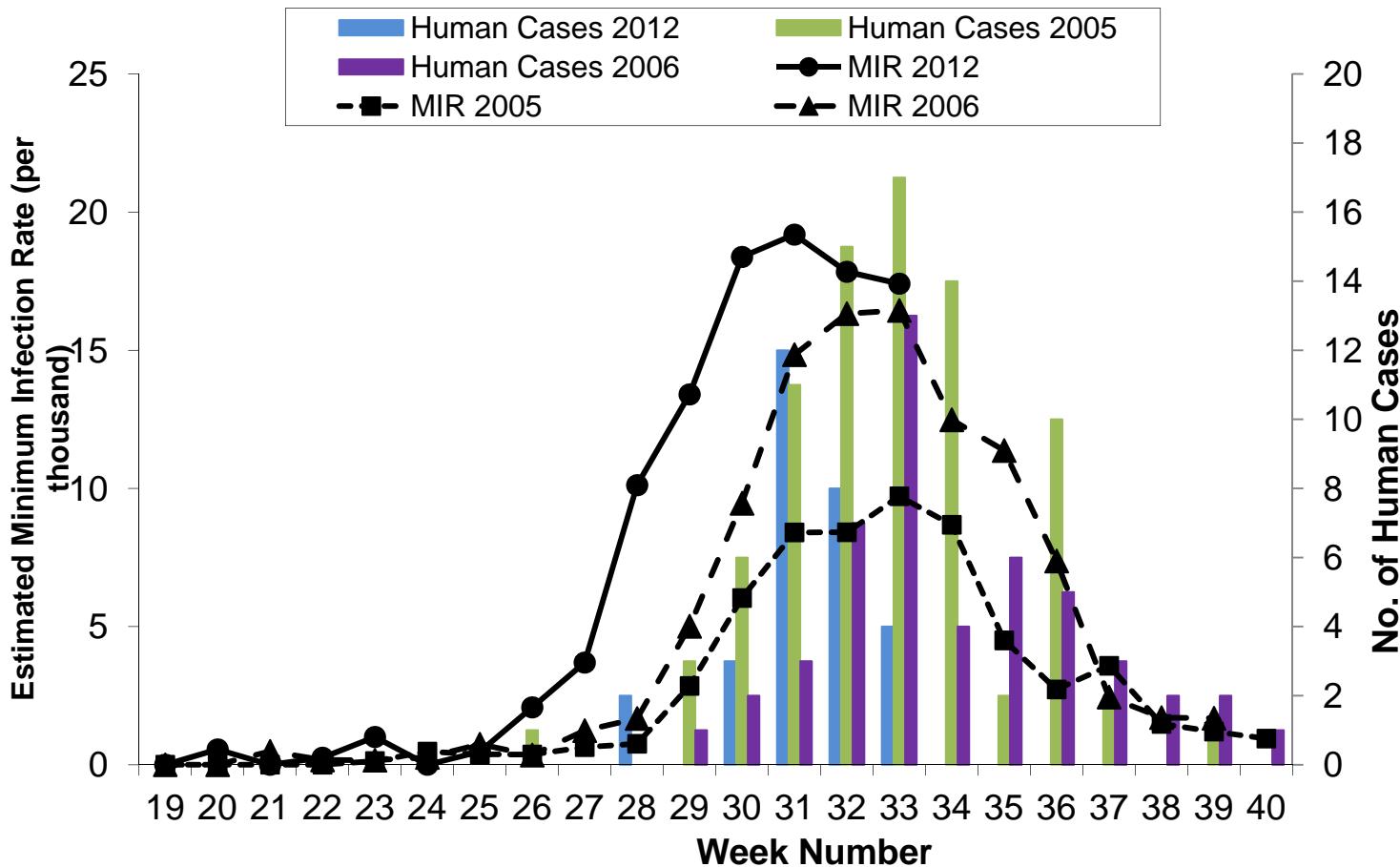
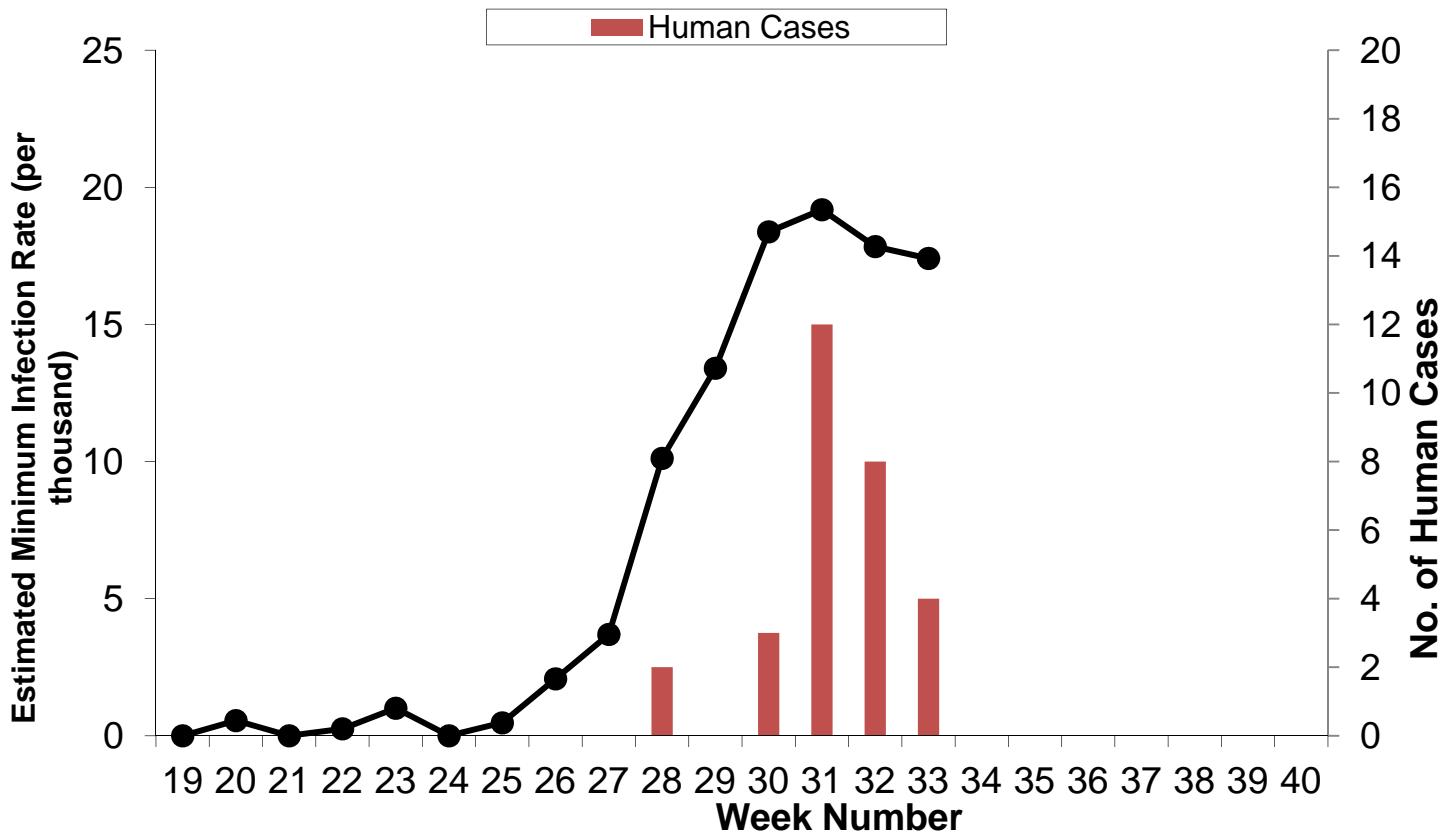
WNV Graphs as of Week 33



WNV MIR by District Cook County 2012



Minimum Infection Rate (MIR) = Number of positive pools divided by the total number of mosquitoes captured, multiplied by 1000.
Assumption is that one mosquito was positive per positive pool, thus it is the Minimum infection rate.



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